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Bold Partnerships Among the Nation's Leading Nursing Organizations: Nursing Alliance for Quality Care

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Objectives

- 1) Identify multiple strategies of NAQC in making nursing's voice heard in the quality arena
- 2) List at least three areas where nursing quality outcomes are measured in your own practice and how this has led to improvements in care
- 3) Identify policy opportunities to positively impact patient engagement and care coordination

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NAQC Leadership




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- The Alliance is a membership organization
- 17-member Board of Directors
 - National nursing organizations
 - Consumer groups
 - Supporting organizations
- Additional Stakeholder Organizations
 - American Association of Nurse Anesthetists
 - Nurse Family Partnerships
 - Institute of Pediatric Nursing
 - National Nursing Staff Development Organization

NAQC Mission



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“Advance the highest quality safety, and value of consumer-centered health care for all individuals---patients, their families, and their communities.”

Why Forming an Alliance was Important



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- Stand for Quality-health care reform discussions included over 200 organizations
- Increasing burden to provide care-how to maintain and improve quality with the strain on resources
- Workforce, access and cost were competing priorities
- Multiple other health care quality alliances-but not in nursing
- Affordable Care Act provisions create unique opportunities for nurses in increasing quality

In 2008...

The Robert Wood Johnson Foundation's view...

there was no one group who could be the "go to" or to direct to "the nursing organization(s) with particular expertise in"...

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Without the engagement of nurses, substantial gains in health care value were unlikely...

...The Nursing Alliance for Quality Care (NAQC) is the mechanism to achieve this engagement

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Many Strong Voices...

Saying the same things about nursing and quality will create and increase sustainable achievements in nursing policy that affect health care quality and access to care


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Consumers as Partners




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- Voices for those harmed by medical error
- Consumer advocates choosing to work with the health care team to prevent harm & improve care
- A source of education for consumers about making sure their needs are met in the health care system

Positioning of NAQC




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Intersection of the national quality and technology agendas, the opportunities for nursing, and the work already underway by nursing organizations

NAQC Roadmap




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- Consumer-Centered Health Care** - Establish nursing relevant consumer-centered health care quality and safety goals to optimize health care outcomes
- Performance Measurement** - Strengthen the visibility of nursing in performance measurement and public reporting activities
- Advocacy** - Serve as a resource to partners and stimulate policy reform that supports the adoption of evidence-based, best practices and advancement of consumer-centered, high quality health care
- Leadership** - Build nursing's capacity to serve in leadership roles that advance consumer-centered, high quality health care.

NAQC Work Priorities




- Patient Engagement
- Care Coordination
- Performance Measurement
- Leadership Development and Advocacy
- Support and reinforce the good work already in process by AONE, ANA, AORN and others (TCAB, NDNQI, QSEN)
- Support the Future of Nursing Report recommendations

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The National Quality Landscape in 2011



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National Priorities Partnership



- Patient and Family Engagement
- Population Health
- Safety
- Care Coordination
- Palliative and End-of-life Care
- Elimination of Overuse
- Equitable Access
- Infrastructure

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- ### Priorities for the 2012 National Quality Strategy
- Input to the Secretary of HHS via the National Priorities Partnership
 - NAQC member of the Healthy People/Healthy Communities Subcommittee
 - Report put out for comment and issued to HHS
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**Partnership for Patients:
Better Care, Lower Costs**

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- Keep patients from getting injured or sicker {reducing preventable hospital-acquired conditions (HACs) by 40%}
- Help patients heal without complications {reduce all hospital readmissions by 20%}

How will this be Accomplished?

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- Innovation Center at CMS to test different models of improving patient care and patient engagement and collaboration (\$500 million)
 - Focus on 9 types of medical error and complications such as adverse drug reactions, pressure ulcers, childbirth complications, and surgical site infections
 - Hospitals will employ evidence-based care improvements

Also....

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- Community-based Care Transition Program at CMS (\$500 million)
 - Partnering between community-based orgs and hospitals for care transition services that include:
 - Timely, culturally and linguistically competent post-discharge education, medication review and management
 - Patient-centered self-help support within 24 hours of discharge

National Prevention and Health Promotion Strategy

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- Building healthy and safe community environments


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- Expanding quality preventive services in both clinical and community settings
- Empowering people to make healthy choices

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- Eliminating health disparities

Measures Application Partnership

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- Identification of the most appropriate performance measures
- Value of measures in public reporting


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- Usefulness of measures for value-based payments

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- Measures that align across public and private sectors

MAP Work Groups

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- Ad hoc safety group-readmissions and HACs
- Clinicians group-particularly focused on the office setting

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- Dual eligible beneficiaries group- across continuum of care

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- Hospital group-hospitals, inpatient acute, outpatient, cancer and psychiatric hospitals
- Post-acute/long term care group-hospice, ESRD, rehab, SNFs and home health

Future of Nursing Report (IOM)

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- Recommendations
 - Nurses practice to the full extent of their education and training
 - Nurses achieve higher levels of education and training through an improved education system that promotes seamless academic progress
 - Nurses full partners with physicians and other HC professionals in redesigning health care in the US
 - Effective workforce planning and policy making require better data and improved information infrastructure

Future of Nursing Campaign for Action Research Agenda

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- Released June 2011
- Focused on research in these areas
 - Education
 - Leadership
 - Inter-professional collaboration
 - Data
- <http://www.thefutureofnursing.org/research>

The Expanding Role of Technology & the Future of Healthcare Delivery

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    graph TD
      A[Regional extension centers] --> B[Adoption of EHRs]
      C[Workforce training] --> B
      D[Medicare and Medicaid incentives and penalties] --> E[Meaningful use of EHRs]
      F[State grants for health information exchange] --> G[Exchange of health information]
      H[Standards and certification framework] --> G
      I[Privacy and security framework] --> G
      B --> E
      E --> J[Improved individual and population health outcomes  
Increased transparency and efficiency  
Improved ability to study and improve care delivery]
      K[Research to enhance HIT] --> L[ ]
  
```

The diagram illustrates the factors influencing the adoption and meaningful use of EHRs. Regional extension centers and workforce training lead to EHR adoption. Medicare/Medicaid incentives and penalties drive meaningful use. State grants, standards/certification, and privacy/security frameworks facilitate the exchange of health information. The combination of EHR adoption and meaningful use leads to improved health outcomes. A research track at the bottom focuses on enhancing HIT.

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Transforming Health through the Meaningful Use of Health Data

"Phased-in series of improved clinical data capture supporting more rigorous and robust quality measurement and improvement."

Data capture and sharing

Advanced clinical processes

Improved outcomes

"These goals can be achieved only through the effective use of information to support better decision-making and more effective care processes that improve health outcomes and reduce cost growth"

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Where are the Opportunities for Nursing and for DNPs?

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Practice Change

- Look for associations between care outcomes and workforce measures
- Think outside the box in care coordination approaches
- Change the paradigm for patient engagement-its also about provider/clinician engagement
- Seize opportunities for nurses to function to the full scope of education and practice

Health Care Delivery System Change

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- Creation of accountable care organizations (ACOs)
- Implementation of a value-based health care system
- State health insurance exchanges
- Federally qualified health centers
- Team-based care
- Care registries

Symposium on Nurse Led Medical Homes – April 2011

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Nursing Leadership

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- Representation on national Boards, Committees, Task Forces:
 - use of quality measures
 - reimbursement, coverage of dual eligibles
 - scope of practice challenges
 - regulatory changes, standards, competencies
 - population health programs, wellness and prevention
 - meaningful use of technology

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Influence on Policy

- Provide public comments in response to Federal Register postings on proposed rules
- Provide nominations for participation on national task forces/work groups
- Private/public partnerships
- Survey by Kurtzman regarding concerns about performance incentives for nurses re quality (Kurtzman et al, *Health Affairs*, Feb 2011)

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Policy Implications

- Institutional policies and national standards regarding frequency of pain assessment, reassessment after intervention
- Shift expectations around patient/staff engagement and strategies, e.g. family-centered rounds as a means of patient engagement
- Partner with other members of the health care team, e.g. social workers as experts in resource coordination

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Education of Nurses and Students

- Build the knowledge and competencies of nursing students and working RNs around quality and safety
- QSEN*-A joint project focused on nursing education

*Quality and Safety Education for Nurses

Educational Implications

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- Increase skill sets around care coordination and patient activation
- Increase assessment skills around functional status, pain
- Challenge thinking about use of medical jargon, cultural assumptions, approachability
- Become conversant in measurement criteria for both design and use; in statistics for analyzing performance

Research

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- Generate a good idea-measure its' impact in a pilot study
- What are most effective policies to encourage diffusion of effective practices in your population or among your nurses
- Engage with doctoral programs to find students who share interest in an issue; a capstone project or dissertation can build your evidence base

Measurement

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- First do no Harm Measures
 - Hospital Acquired conditions (HACs)
 - Medication errors
 - Preventable complications > readmits
- Care Coordination Measures
- Patient Engagement Measures
- Functional Status Measures
- Outcome Measures preferred
- If using process measures, tie to outcomes in every case

Opportunity for Adoption of Nursing Quality Measures

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The HHS Secretary shall develop, and periodically update (not less than every 3 years) provider-level outcome measures for hospitals and physicians, as well as other providers as determined appropriate by the Secretary.
*Could provide opportunity for NDNQI measures' adoption

Medicare hospital value-based purchasing program
Comments on the proposed rule were due to CMS March 8th (NAQC submitted comments)
*Proposed rule supports inclusion of nursing measures via a route that includes Hospital Compare

Measure Criteria

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- Multiple criteria sets (2-page list)
- Consider
 - Construct validity
 - Comprehensiveness
 - Cross-cutting
 - Regulatory significance
 - Nursing critical
 - Patient-centered
 - Uniqueness
 - High volume
 - High Risk

Resources

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- NAQC at www.NursingAQC.org
- National Quality Forum (<http://www.qualityforum.org/>)
- Consumers Advancing Patient Safety (<http://www.patientsafety.org/>)
- National Patient Safety Foundation (<http://www.npsf.org/>)
- Quality and Safety Education for Nurses (<http://www.qsen.org/>)

What are You Doing?




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- Patient engagement
- Care coordination
- Leadership development
- Education of nurses or consumers
- Research
- Performance measurement

NAQC Board of Directors



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1. Geraldine Bednash, American Association of Colleges of Nursing (Chair)
2. Gerri Lamb, American Academy of Nursing (Vice Chair)
3. Joyce Dubow, AARP
4. Dee Swanson, American Academy of Nurse Practitioners
5. Nancy Lowe, American College of Nurse-Midwives
6. Marla Weston, American Nurses Association
7. Pamela Thompson, American Organization of Nurse Executives
8. Adele Webb, Association of Nurses in AIDS Care
9. Linda Groah, Association of periOperative Registered Nurses
10. Jim Padilla, Consumers Advancing Patient Safety
11. Helen Haskell, Mothers Against Medical Error
12. Kathy Apple, National Council of State Boards of Nursing
13. Beverly Malone, National League for Nursing
14. Joanne Pohl, National Organization of Nurse Practitioner Faculties
15. Thomas Valuck, National Quality Forum
16. Centers for Medicare & Medicaid Services (*liaison member*)
17. Mary Jean Schumann, NAQC Executive Director

Contact Information



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