Nursing and the National Priorities Partnership:
Aligning Efforts to Transform America’s Healthcare

ONE VISION, ONE VOICE
Invitational Workshop Summary
(October 2009)
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Participating Organization List

Academy of Medical Surgical Nurses
American Academy of Nursing
American Association of Colleges of Nursing
American Association of Nurse Anesthetists
American Association of Nurse Assessment Coordinators
American College of Nurse-Midwives
American Nurses Association
The American Organization of Nurse Executives
American Psychiatric Nurses Association
The Association of Perioperative Registered Nurses
Association of Rehabilitation Nurses
Association of Women’s Health, Obstetric and Neonatal Nurses
The Johan A. Hartford Foundation
Institute for Geriatric Nursing
Hospice and Palliative Nurses Association
Infusion Nurses Society
The University of Kansas—School of Nursing
National Association of Pediatric Nurse Practitioners
National Council of State Boards of Nursing
The Wound Ostomy and Continence Nurses Society

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The Invitational Workshop Summary was written by:
Bonnie Jennings, DNSc, RN, FAAN & Gerri Lamb, PhD, RN, FAAN
Invitational Workshop Summary

The American Nurses Association (ANA) and the National Quality Forum (NQF) convened a group of interprofessional health experts and stakeholders for an intensive two-day workshop to examine the nursing profession’s role in achieving the Priorities and Goals of the National Priorities Partnership (NPP). The ANA, one of the 32 official National Priorities Partners, hosted the workshop October 26 and 27, 2009, at their headquarters in Silver Spring, Maryland. The workshop was funded by the Robert Wood Johnson Foundation.

The Nursing and the National Priorities Partnership workshop was initiated by the nursing community in collaboration with NQF. A small planning group from ANA, the American Academy of Nursing (AAN), and NQF staff worked within a tight timeframe to organize a robust agenda to set a framework and goals for the discussion. This meeting represents the first in-depth analysis of one profession’s contribution to the National Priorities Partnership. Numerous stakeholder groups, including representatives from consumer, government, and professional healthcare organizations were invited to share their perspectives with the nursing community. Representatives from each of the NQF nursing member organizations were invited to participate in the workshop.

The specific aims of the workshop were to:

• analyze nursing’s current and future contributions to the NPP agenda;
• identify critical opportunities for nursing to advance and accelerate the achievement of the NPP goals; and
• gather ideas for a nursing strategy and action plan to advance the NPP agenda.

This report is a synthesis of the highlights of the workshop and the key issues addressed. It begins with a synopsis of the presentations and discussions, followed by participants’ thoughts on a nursing strategy and action plan. Consistent with the aims of the workshop, participant guidance reflects the broad range of opportunities for nursing to advance the National Priorities. This document is intended to serve as a foundation for the nursing community to establish priorities and initiate action to advance the NPP agenda. This meeting was held while major efforts in healthcare reform were underway, and while the recommendations were not developed specifically with legislation in mind, any opportunities for alignment with the 2010 Affordable Care Act should be considered and pursued.

I. The National Priorities Partnership

The National Priorities Partnership is a collaborative effort of 32 major national organizations, convened by NQF, that represents a diverse set of stakeholders from both the public and private sectors. In November 2008, NPP issued the report, National Priorities and Goals: Aligning our Efforts to Transform America’s Healthcare. In this report, the Partners identified priority areas and leverage points for addressing major challenges they believe are important to every American—eliminating harm, eradicating disparities, reducing disease burden, and removing waste. Together, the Partners share a vision for world-class, affordable healthcare for all Americans and believe that “it will require the work of many to achieve the transformational change needed for the United States to have a high-performing, high-value healthcare system.”

National Priorities: The Partners believe that these six National Priorities represent areas with the greatest potential to result in substantial improvement in health and healthcare and thus accelerate fundamental change.

• Patient and Family Engagement
• Population Health
• Safety
• Care Coordination
• Palliative and End-of-Life Care
• Overuse

Transformational Drivers: Members of the NPP also identified six high-leverage drivers of change for the healthcare system.
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• Performance Measurement
• Public Reporting
• Payment Systems
• Research and Knowledge Dissemination
• Professional Development, Education, and Certification
• System Capacity

These six priority areas and six transformational drivers provided the framework for the Nursing and the NPP Workshop. Janet Corrigan, PhD, MBA, the president and CEO of NQF, offered introductory remarks about the current agenda for quality in our healthcare system, and Wendy Vernon, MPH, MPT, NQF senior program director, gave an overview of NPP. A series of panel presentations focused on NPP’s transformational drivers and Priorities. These panels included experts in research, education, and clinical practice, as well as consumers, government officials, and representatives of other health professions. Each panelist was asked these four questions:

• What are the major contributions nursing is currently making or can make to the National Priorities?
• How can nursing’s contributions accelerate achievement of these goals?
• What is needed to actualize nursing’s contributions?
• What specific steps should be taken to actualize nursing’s contributions to the NPP agenda?

II. Setting the Stage for a Nursing Action Plan

The National Quality Agenda

A broad look at the national quality agenda was offered to set context for the workshop. A substantial increase in healthcare spending coupled with steady but slow improvements in healthcare performance have created an impetus for health reform. The work of NQF and NPP focuses on using the six Priorities to address these issues through fundamental changes in healthcare delivery processes and payment.

Healthcare systems will need to deliver higher quality care, while reducing costs, to provide good value. Some promising strategies for creating new organizational models include investing in health information technology (HIT); using “best practices” to redesign care process; using interprofessional teams with shared and joint accountability for outcomes; coordinating care across patient conditions, services, and settings; and measuring performance and improvement.

Payment systems must also be aligned to incentivize organizational models of care delivery to achieve good outcomes while reducing cost. For instance, payment programs need to support services that reduce care fragmentation (e.g., patient-centered healthcare homes and transitional care). Likewise, payments need to be episode-based for hospitalized patients and patients with chronic care needs. Payments also need to cover services that support patient and family caregivers.

The concept of a patient-focused episode of care is at the heart of a truly reformed healthcare system. A patient-focused episode of care begins with the onset of symptoms, which may last a full year or longer in the case of chronic conditions. This approach to care delivery is a major shift from the current practice of focusing on diagnosis and intervention. Patient-focused episodes place intense focus on identifying people at risk for certain conditions and initiating preventive strategies along with effective follow-up. Essentially, such a healthcare system would be proactive and focus on sustaining health and wellness rather than treating diseases once they occur.

The National Priorities Partnership and Opportunities for Nursing Alignment

An in-depth overview of the National Priorities Partnership, its history, and goals was provided. Workgroups were formed, each with nursing members, to address specific aspects of the six Priorities. Examples of focus areas selected by each workgroup were provided along with possible areas for nursing alignment and contribution. In the priority area of patient engagement, for instance,
nursing has much to contribute to the goals of fostering adoption of patient engagement tools and automated interprofessional plans of care in clinical practice. In the area of population health, nursing might look at the opportunity to accelerate knowledge dissemination and system capacity building on the areas of population health and preventive care.

At the conclusion of the presentation, a working framework for aligning the nursing community’s action plan and the Priorities was shared. A matrix comprised of the six Priorities and four drivers selected as most relevant to this workshop—performance measurement, research and knowledge dissemination, system capacity, and professional development—was used to illustrate areas in which nursing’s impact might be greatest.

**III. Nursing and the National Priorities**

A panel of eight nurse experts addressed the current state of nursing engagement and contributions in each of the six NPP priority areas. They offered thoughts for accelerating nursing’s contributions in each domain. The panelists and their affiliations are listed below:

**Patient and Family Engagement**
Bernadette Mazurek Melnyk, PhD, RN, CPNP/NPP, FNAP, FAAN
Arizona State University

**Population Health**
Pamela Mitchell, PhD, CNRN, FAAN
University of Washington

**Safety**
Nancy E. Donaldson, DNSc, RN, FAAN
University of California, San Francisco
Nancy Dunton, PhD
University of Kansas Medical Center

**Care Coordination**
Mary D. Naylor, PhD, RN, FAAN
University of Pennsylvania School of Nursing
Gerri S. Lamb, PhD, RN, FAAN
Arizona State University

**Palliative and End-of-Life Care**
Margaret Campbell, PhD, RN, FAAN
Wayne State University

**Overuse**
Karen Dorman Marek, PhD, MBA, RN, FAAN
University of Wisconsin Milwaukee

**Patient and Family Engagement:** The importance of this priority area in transforming the healthcare system was highlighted. Engagement of patients and families in care contributes to better health outcomes, improves communication, and lowers healthcare costs. To actualize goals for patient and family engagement, provider education and incentives need to be changed. Strategies for enhancing patient engagement include interprofessional education and skills-building so professionals know how to assess patients’ beliefs, their understanding of their conditions, and their readiness to engage. Self-management needs to be included in plans of care. An evidence-based resource center would help patients in their quest for health information.

A caveat is that information alone does not typically lead to behavior change in patients or providers. The issue of how to change behavior remains an important challenge. Funding is needed to support work that will lead to a better understanding of effective ways to change behavior as well as improve knowledge about patient and family engagement—a complex interaction involving multiple parties, including patients, families, and providers.

**Population Health:** Nurses have a strong history of involvement with population health initiatives, but public awareness of these nursing innovations needs to improve. At the policy level, nurses contribute to the work of the US Preventive Services Task Force and, less visibly, to the Center for Disease Control (CDC) health promotion centers. At the practice level, nurses provide health screening and preventive care in community centers and retail clinics staffed by advanced practice registered nurses. This model could be expanded to include caring for patients with chronic conditions, including
coordination of care services. The adoption of healthy lifestyles requires changing behavior not just teaching people.

To actualize nursing’s contributions, payment mechanisms need to recognize services rendered by non-physician providers, which will likely require legislative action. Restoring the public health infrastructure can create a venue for providing community-based services. Work must continue to develop and refine measures that are relevant to examining the performance of new models of care. Lastly, funding is needed to support innovations through demonstration and comparative effectiveness projects as well as investments in science to create the knowledge needed to improve the health of the nation.

Safety: Nursing is currently making significant contributions to the advancement of NPP’s safety goals through its established and robust nurse-sensitive benchmarking registries—the National Database of Nursing Quality Indicators® (NDNQI) and the California Nursing Outcomes Coalition (CALNOC). These registries support performance measurement and reporting and provide actionable data for policy decisions. National comparison reports on NQF measures are now provided to 1,500 hospitals and more than 15,000 nursing units quarterly.

To accelerate nursing’s contributions to NPP’s goals, the importance of integrating nursing measures into public reporting and payment systems was emphasized. Front-line staff and clinical and administrative leaders must be prepared to actively advance the use of nurse measures. Research funding is needed to expand the development and testing of nurse-sensitive measures and to build needed knowledge about nurse workload and ergonomics related to safety and system transformation. Current nursing registries must be sustained, leveraged, and expanded to support evidence-based performance improvement. New models are needed to build a strong educational and clinical infrastructure for timely, accountable, and effective use of NQF safety and quality measures for performance and quality improvement.

Care Coordination: Within the NPP framework, care coordination is a vital function that stresses the incorporation of patient needs and preferences into a comprehensive plan of care—from prevention to acute, chronic, and end-of-life care across providers, settings, and time. Nurses have seen care coordination as a central element of nursing work in diverse settings and have contributed to the design and testing of innovative nurse-led and interprofessional care coordination interventions and models. To date, evidence linking nurse care coordination to patient and system outcomes has been mixed, due in part to the difficulty in separating the impact of nursing from other strategies. Exemplars of nurse care coordination and transitional care models associated with positive impact on health service use and costs were provided.

The NQF care coordination framework focuses on five domains, all of which have relevance to nursing: patient-centered healthcare home model, proactive plan of care, communication, transitions, and information systems. Nursing has made important contributions particularly in the areas of care transition and care coordination models for high-risk populations. Much of nursing research in these areas focuses on outcomes central to NPP’s goals, including hospital readmission rates and medication errors. Nursing has key opportunities to expand research on care coordination for at-risk populations and on innovative interprofessional patient-centered healthcare home models. Recommended priorities for nursing action include working with NQF to align nurse sensitive consensus measures with care coordination consensus measures, moving forward with policy initiatives to pay for well-tested nursing transitional care models, seeking funding for studies on nursing’s contributions to patient-centered healthcare home models, and developing and testing performance measures that capture nurse care coordination activities and outcomes.
Palliative and End-of-Life Care: Nurses are the health professionals who have led in the evolution of palliative care, thus offering a rich repository of expertise. An important distinction between palliative and end-of-life care was emphasized: all end-of-life care is palliative, but not all palliative care occurs at the end-of-life. Palliative care is delivered to prevent and relieve suffering in support of achieving the best possible quality of life. Consequently, palliative care could be delivered to enhance quality of life while people are being treated for acute or chronic conditions.

Palliative care can be viewed as a thread that runs through other National Priorities. For instance, patients and families are the focus of palliative care, bringing in the Priority of patient and family engagement. Palliative care also can address overuse of some health services by planning and coordinating care and, at the end-of-life by offering patients a referral to hospice care.

Overuse: The connection between payment mechanisms and overuse was highlighted. In today’s healthcare system, payment mechanisms guide care that is provided. In turn, care is provided based on what is reimbursed and not necessarily on what patients need or require, thus creating volume-based incentives and promoting overuse. Home health provides a good case in point. Although evidence supports the cost-effectiveness and quality of a number of home-based interventions, many are not reimbursed within current payment systems and therefore are not offered. Consequently, patients and providers may revert to using inpatient facilities, contributing to overuse of more intensive services.

Tackling overuse will require a reexamination of many traditional healthcare practices. One example is medication management. Today, many older adults with chronic conditions take upwards of 10 to 13 different medications daily. Overuse in this scenario deals not only with the number of medications but the older adult’s ability to take them correctly to achieve the desired effect. Appropriate medication use requires a careful assessment of how, when, and where medications are prescribed and received. In addition, assessments need to evaluate whether the medications are affordable and whether individuals with cognitive and functional limitations can manage them appropriately. Monitoring and encouraging adherence and self-management require additional interventions best provided over time. Much of this vital work currently is not reimbursed and contributes to a cycle of under-, over-, and misuse. These are areas in which nursing can contribute expertise, and reimbursement structures need to be aligned to pay for such care.

IV. Nursing and the Transformational Drivers: How do we get there?

Two panels addressed the role of the transformational drivers in achieving the National Priority Partnership goals, critical issues in harnessing the power of the drivers, and implications for the nursing community. Members of the first panel focused on the four drivers selected as most relevant to the workshop and also integrated their perspectives and ideas on the two additional drivers of payment systems and public reporting. Members of the second panel focused on the role of health information technology in accelerating health system change.

Transformational Drivers

Panelists addressed the transformational drivers and their relevance to nursing in advancing the NPP goals. The panelists and their affiliations are listed below:

**Performance Measurement**
Jerod M. Loeb, PhD,
The Joint Commission

**Research and Knowledge Dissemination**
Pamela F. Cipriano, PhD, RN, FAAN, NEA-BC
American Nurse Today

**System Capacity**
Jack Needleman, PhD, FAAN
UCLA School of Public Health
Professional Development, Education and Certification

Shirley M. Moore, PhD, RN, FAAN
Case Western Reserve University

Performance Measurement: It was suggested that performance measurement has significant potential to accelerate change in healthcare. While huge strides in performance measurement have been made in the last decade, numerous barriers to realizing its benefits remain. Many of these barriers reflect longstanding, unanswered foundational questions. These include: What is really important to measure? What are we trying to accomplish with performance measurement? How do we protect the public from unintended consequences of performance measurement? Some of the challenges ahead in performance measurement most relevant to nursing include: 1) agreeing on what is important to measure while minimizing the documentation and reporting burden on front-line professionals; 2) creating and paying for the infrastructure needed for efficient reporting and improvement activities; and 3) ultimately reaching a common understanding of the appropriate and desired balance between professional autonomy and standardization of practice reflected in performance measurement.

Research and Knowledge Dissemination: Nursing has several examples of using knowledge dissemination to drive positive healthcare change, including the Magnet Recognition Program. Nursing’s contributions may be accelerated through designing and disseminating more effective models for promoting and reducing barriers to evidence-based nursing practice. Priorities for nursing include: 1) implementing partnership models that bridge education, research, and practice for rapid dissemination and application of research findings; 2) making evidence-based decision support readily available at the point of care; 3) strongly advocating for an educational agenda that demands evidence-based care; and 4) using technologies that enable application of evidence at point of care.

System Capacity: The importance of developing an integrated set of clinical, policy, payment, and educational initiatives that engage front-line staff and optimize energy and resources rather than drain them was emphasized. Additionally, the need to target change at the point of delivery was stressed. Building system capacity for nursing will require a commitment to leadership and front-line staff, expanding competence into new areas, including project management and evidence-based practices, and designing and disseminating effective models to increase nurse participation in policy decisions locally and nationally. Processes that support expanded system capacity and nursing participation must be institutionalized.

Professional Development, Education, and Certification: Nursing must develop a purposeful and organized plan for aligning professional development with the goals of NPP. National educational programs in end-of-life care and in quality and safety may be useful examples. Changes in professional development, in areas such as systems thinking, process improvement, population management, health information technology, client-centered care, and interprofessional teamwork must be accompanied by radical change in current licensure and certification examinations. The need for new partnership models between education and practice for nursing to advance NPP’s agenda was reiterated.

Together, the panelists urged nursing to create a focused and realistic plan for capitalizing on each of the transformational drivers. Participants were encouraged to be ambitious and futuristic, and at the same time to avoid overwhelming the nursing community with multiple initiatives. Common themes included: establishing clear priorities for each driver (e.g., determining what is important to measure and identifying important areas of professional development); partnering across education, practice, and research; engaging front-line nurses; and ensuring that technology, payment incentives, licensure, and credentialing promote the desired changes.

Health Information Technology (HIT)

This panel addressed the role and potential of HIT in advancing NPP’s goals and its implications...
for accelerating nursing’s contributions.

**Health Information Technology Panel**
Rosemary Kennedy, MBA, RN, FAAN
National Quality Forum
Norma M. Lang, PhD, RN, FAAN, FRCN
University of Wisconsin-Milwaukee
College of Nursing
Carol J. Bickford, PhD, RN-BC
American Nurses Association

The role of HIT, according to the panelists, is to enable evidence-based practice, support public reporting through quality measurement, and enhance work design to increase efficiency and effectiveness. As a result, HIT can be viewed as the “steel thread” running through the six National Priorities.

Some historical context was presented to illustrate that, despite the belief that electronic health records (EHRs) have the potential to transform healthcare, they have been adopted in only a small percentage of hospitals. Additionally, HIT faces other challenges, including the integration of current evidence into HIT systems, burdensome data entry requirements, and unclear priorities for what should be measured.

Future goals for HIT include three interrelated activities: clinical decision support, real-time capture of data related to quality measurement, and evidence-based nursing, including standardized nursing diagnoses along with research findings to reflect best practices. Examples from clinical practice to illustrate ways in which technology could be used to improve patient care were provided. Using technology is not the endpoint; technology must be used to advance quality healthcare.

The panel advocated focusing on two of the three HIT roles: evidence-based practice and quality measurement. Detailed strategies were proposed to achieve these goals. The primary strategies included establishing science-based measures that reflect nursing’s contribution to the six National Priorities and standardizing data sets used to report quality. The four secondary recommendations were to: engage more nurses in leading both the development of a national HIT infrastructure and healthcare reform; accelerate adoption of smart, standards-based, interoperable technology that will make healthcare delivery safer, more efficient, timely, accessible, and patient-centered while also reducing burden on nurses; develop a nursing workforce capable of using HIT to improve the delivery of healthcare; and integrate nursing within the broader healthcare community.

**V. Stakeholder Recommendations to Nursing**

Two panels of key stakeholder groups in the transformation of the healthcare system shared their perspectives and suggestions to nursing for advancing and accelerating nursing’s contributions to NPP’s goals. The first panel included representatives of government agencies. The second panel consisted of representatives of professional and consumer groups with major commitments to healthcare reform.

**Government Stakeholders**

Representatives from four federal agencies responsible for healthcare services and research were asked to address nursing’s contributions to NPP and how the transformational drivers could be leveraged to accelerate their contributions.

Patricia Drehobl, MPH, RN
Centers for Disease Control and Prevention (CDC)
Jeannie Miller, MPH, RN
Centers for Medicare & Medicaid Services (CMS)
Mary Wakefield, PhD, RN, FAAN
Health Resources and Services Administration (HRSA)
Mary E. Kerr, PhD, RN, FAAN
National Institutes of Health/National Institute for Nursing Research (NIH/NINR)

The Centers for Disease Control and Prevention (CDC) has three major roles in healthcare and health reform: monitoring health and health
quality and outcomes; encouraging the use of high-value community and clinical preventive services; and strengthening community health. These goals most closely align with the NPP goals for population health and effective use of several of the transformational drivers. The important role that nurses play in achieving the goals of population health, care coordination, and prevention was emphasized. Nurses coordinate the activities of numerous community partners. Also, in public health, nurses design, implement and evaluate the full range of essential public health services.

The Centers for Medicare & Medicaid Services (CMS) highlighted the importance of the development and implementation of nurse-sensitive measures to advancing the NPP goals. Nurses need to be closely involved in the design of HIT to ensure these data elements are incorporated and accurately captured. Nurses in key leadership positions at CMS recently initiated a Nursing Steering Committee to examine nursing’s interface with CMS and to invite timely information and recommendations from the nursing community about key issues relevant to nursing and healthcare, which presents an opportunity to strengthen nursing’s voice at CMS.

The goals of NPP are reflected in and intersect with key initiatives at the Health Resources and Services Administration (HRSA). Examples of HRSA grants and funding in population health and prevention, patient and family engagement, safety, and care coordination were provided. HRSA currently is reviewing its programs and funding priorities in several of these areas. In addition, HRSA programs fund initiatives in HIT and workforce development relevant to building the key transformational drivers of change. Nurse leaders within HRSA are important catalysts for pushing these initiatives forward.

Nursing research can be framed as a transformational driver to accelerate the achievement of the National goals. Research supported by the National Institute for Nursing Research (NINR), addresses each of the six National Priorities. Nursing research contributes to high-focus areas including disease and disability prevention, population health and reduction of health disparities, and the quality of end-of-life care. Nursing’s contributions to NPP’s goals may be accelerated through concerted strategies to recognize, translate, disseminate and apply nursing research into practice and policy change. National strategies are needed to inform major stakeholders about the importance of evidence discovered and tested by nursing research and to incorporate this work in healthcare and research priority setting.

A multifaceted plan involving “leadership, engagement, and alignment” must be implemented to optimize nursing’s contributions to NPP’s goals. Nursing’s priorities should be to promote examples of evidence-based practice, create “metrics of accountability” to evaluate use and effectiveness of research in practice and policy, and to leverage nursing’s research to inform and drive policy.

**Perspectives from Stakeholders Vested in Improving Healthcare**

A moderated panel of seven individuals representing groups with diverse roles in healthcare delivery and reform provided perspectives on how nursing could be responsive to the needs of their constituencies in alignment with the National Priorities Partnership goals.

**Chief Nursing Officer**
Lillee S. Gelinas, MSN, RN, FAAN, VHA, Inc.

**Consumer**
Cecili Thompson Williams
National Partnership for Women and Families

**Healthcare Executive**
Peggy Troy, MSN, RN
Children’s Hospital of Wisconsin

**Pharmacist**
James Owen, PharmD
American Pharmacists Association (APhA)

**Physician**
Bernie Rosof, MD, FACP
American Medical Association-Physician Consortium for Performance Improvement
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Purchaser
Christopher Queram, MA, FACHE
Wisconsin Collaborative for Healthcare Quality

Staff Nurse
Linda S. Warino, BSN, RN, CPAN
Western Reserve Care Services

Moderator
Linda J. Stierle, MSN, RN, NEA-BC
Consultant

Being “practical and tactical, from the Beltway to the Boardroom to the Bedside” was advocated from the Chief Nursing Officer (CNO) perspective. For care to be patient-centered, changes must be locally driven and led by clinicians. The goals of NPP, therefore, need to be understood by individuals at each level of the organization. For NPP to be successful, measurement needs to be crisp, built into HIT platforms, and easy to obtain. This will support the evaluation of NPP’s impact on clinical and safety outcomes, including patient satisfaction. In addition, national organizations need to be aligned and speak with a unified voice. Nursing has a particularly important role in NPP’s domain of care coordination and care transitions. Current payment models, however, neither reward care continuum strategies nor do they recognize nursing’s contribution to them. A worrisome question is surfacing in some sectors—why do we need CNOs anyway? Arguments and evidence are needed to document the critical contributions of CNOs to organizational success, including success related to the National Priorities.

For the consumer, the central themes for nursing’s consideration are continuity of care, transitions across settings, and care coordination. Nurses are the link across settings and therefore are the ideal healthcare providers to actively promote continuity of care and ensure that transitions are smooth, safe, effective, and efficient. This is especially true for vulnerable populations that need significantly more assistance. Engaging consumer groups to become activists and advocates for care coordination was envisioned. Nursing could be responsive to the needs of consumers by leading strong efforts to educate patients and families about the benefits, feasibility, and alternatives possible through care coordination and patient engagement. Nurses have the most direct relationships with patients, and patients can become “quality boosters.”

From the perspective of a healthcare executive, the use of evidence-based guidelines could address all areas of NPP, including overuse. Nursing was urged to work with families to proactively design healthcare processes and healthcare technologies. Nurses were challenged to initiate a national dialogue with the American public about care across the lifespan. They were also encouraged to support a standard platform for EHRs that would enhance providers’ ability to care effectively for patients. In addition, there was an emphasis on the need for nursing research related to helping people with chronic illnesses cope with and manage their conditions. Nursing could be responsive to the needs of the healthcare executive by developing a common and clear message about funding—the funding of advanced practice registered nurses (APRNs), for example. There was also a reminder that not all hospitals or even units within hospitals should be regarded the same. As an example, children comprise 25 percent of the population yet their care is not always based on the best available evidence. Critical access hospitals in rural settings, for instance, are quite different from Academic Medical Centers, especially when it comes to funding for HIT.

The pharmacist perspective began with an overview of the current state of medication use. Following this overview, a vision for transforming the pharmacist’s role from one of dispensing drugs to one of providing care was offered. Nursing was challenged to be responsive to this transformation by identifying patients for whom pharmacist-provided interventions would help reduce problems with incorrect, duplicate, or incompatible medications. This would require a climate of mutual respect in which nurses and pharmacists...
work together in complementary rather than competitive ways. In addition, there was a request for developing EHRs with consideration of elements needed in the pharmacy record. Nursing could be responsive to this need by working in coordination with pharmacists to ensure that language is useful to all disciplines involved with the medication use process.

According to physicians, a key to NPP’s success involves collaboration with the nursing community. Using NPP’s goals as focal points, a collaborative, interprofessional approach is needed for the delivery of appropriate, evidence-based care. Concrete examples were used to illustrate that less care may be better care, such as through reducing the use of inappropriate medications, laboratory tests and diagnostic procedures, and through reducing visits to the emergency department that could be prevented through improved access to primary care. Performance measurement needs to be longitudinal with an eye on reducing unnecessary variability and utilizing best practices. Attaining national goals will necessitate education and outreach programs involving the public and consumers. It was emphasized that healthcare is local, and that the practice community, therefore, needs to be in step with NPP because quality and safety are improved within the practice community. In addition, national guidelines need to be refocused for local application. There is great promise in work related to care coordination and transitions.

In a respectful yet provocative way, the invisibility of nurses to the purchaser community was illuminated. Healthcare is not the core business of most employers. They see the “downstream” manifestations rather than the “upstream” issues such as prevention and determinants of health. Nursing can be responsive to the needs of purchasers by demonstrating the value of nursing contributions, particularly of quality in relation to cost. What purchasers would ask of nursing is leadership, engagement, objectivity, and systems thinking. Engagement will require a different approach because currently, especially at state and local levels, nursing is not engaged in healthcare discussions in a way that is visible to purchasers. This leaves nurses with an ineffective voice. Questions of objectivity highlight a perceived emphasis on workforce and staffing which, from the purchaser perspective, seems more self-serving than geared toward changing the system. Systems thinking would guide the evolution of healthcare delivery into a seamless process across ambulatory, acute, and post-acute care. Particular areas of consideration for improving the seamlessness of care delivery are care coordination, and end-of-life care.

Staff nurses’ views of the National Priorities and the impact of the transformational drivers on front-line professionals were presented. Issues related to staffing along with current requirements and benefits of quality reporting look different from the vantage point of front-line staff. There are also different implications for action. The staff nurse’s request of the nursing community is for a care delivery model that helps with staffing requirements, since staffing is often based on moment-to-moment and day-to-day needs. Implementing the American Nurses’ Association staffing principles nationwide would place a needed emphasis on the analysis of professional nursing requirements.

Staff nurse engagement in NPP’s goals requires that front-line nurses are aware of these goals and that the goals are clearly communicated in terms of their value to patients. Although economic value may be the aspect of value that is emphasized, it has additional dimensions for staff nurses and must be looked at in this context. The nursing community was asked to carefully consider how quality initiatives can be integrated into a meaningful whole at the point-of-care. Nurses are being asked to engage in multiple, seemingly unrelated projects that can inadvertently generate greater potential for error.
VI. Steps forward for a National Nursing Strategy and Action Plan to Advance the Six National Priorities

Ideas for a nursing strategy and action plan generated throughout the two-day conference are reported below. These ideas come from speaker and panel presentations summarized earlier in this report, participant discussions, written documentation of emerging priorities provided by participants at the end of Day 1, and from small workgroup discussions of each of the six National Priorities held on Day 2 of the workshop. Representatives of the NQF Nursing Organizational Members shared their perspectives and the needs of their constituencies throughout the discussions.

Participants focused on actions they believed would leverage nursing’s contributions to NPP’s agenda and ideally foster synergy across nursing organizations and enhance the visibility of nursing’s role in achieving transformational change. The recommendations are organized by National Priority using the transformational drivers to facilitate identification of areas for alignment for the nursing community and subsequent prioritization and consensus building. For each Priority, NPP’s vision and goals are listed followed by an overview statement from workshop presentations and discussion. Recommended strategies are attached to the transformational driver categories. Only those categories of transformational drivers which had specific participant recommendations are included below. Recommendations specific to HIT are provided separately following recommendations for the six Priorities.

Strategies for Priority Area #1: Patient and Family Engagement

The NPP vision: “We envision healthcare that honors each individual patient and family, offering voice, control, choice, skills in self-care, and total transparency, and that can and does adapt readily to individual and family circumstances, and to differing cultures, languages, and social backgrounds.”

The NPP goals, in collaboration with the Partners, are to ensure:
1. All patients will be asked for feedback on their care experience; healthcare organizations and their staff will then use the feedback to improve care.
2. All patients will have access to tools and support systems to enable them to effectively navigate and manage their care.
3. All patients will have access to information and assistance that enables them to make informed decisions about their treatment options.

Patient and family engagement, as a cornerstone of nursing care, offers a rich area for nursing and interprofessional alignment with NPP. A key feature of this Priority is the need for provider engagement; it is a synchronicity between the patient, family, and provider that yields fruitful engagement. An important strategy is to clarify and disseminate the definition of patient and family engagement to the healthcare community in a way that makes the concept concrete. An equally important strategy is changing how each episode of care begins by focusing from the start on what matters to the patient, rather than the current tradition of beginning with the medical history and the physical.

Opportunities to accelerate nurses’ contributions to Patient and Family Engagement include the following transformational drivers:

Performance Measurement
- Develop measures to assess how patient and family engagement affects health outcomes, including self-management of chronic diseases and healthy lifestyle behaviors.

Payment Systems
- Develop financial incentives for providers to engage with patients and families.

Research and Knowledge Dissemination
- Create tools and toolkits to support patient and family engagement in care (e.g., identify patient engagement activities; develop documents tailored to the patient and family).
• Develop a collection of short white papers on nurse-led interventions related to patient and family engagement.
• Fund research that examines how engagement affects the use of healthcare services and invasive procedures, and healthcare costs.
• Prioritize studies that focus on ways to initiate and sustain behavior change in patients and providers.

Professional Development, Education, and Certification
• Focus interprofessional education on skills-building, best practices, and cultural sensitivity.
• Teach health professionals how to assess patients’ beliefs, readiness to engage, personal goals for health, understanding of their condition, and knowledge about prevention.
• Prepare faculty to identify and support skills that will reinforce high-engagement behavior with patients and family.
• Develop setting-specific strategies for educating staff on ways in which to engage with patients and families.

Strategies for Priority Area #2: Population Health

The NPP vision: “We envision communities that foster health and wellness as well as national, state, and local systems of care fully invested in the prevention of disease, injury, and disability—reliable, effective, and proactive in helping all people reduce the risk and burden of disease.”

The NPP goals, in collaboration with the Partners, are to ensure:

1. All Americans receive the most effective preventive services recommended by the U.S. Preventive Services Task Force;
2. All Americans adopt important healthy lifestyle behaviors known to promote health; and
3. The health of American communities will be improved according to a national index of health.

Population health is viewed as a priority area in which nursing might partner with consumers and other key stakeholder groups to encourage a shift from current disease-oriented and treatment-focused models to more balanced continuum-oriented models consistent with the NQF episode-of-care framework. There is considerable opportunity to raise the awareness of policymakers and the public that nurses are leading effective health-promotion and wellness programs across all settings.

Opportunities to accelerate nurses’ contributions to Population Health include the following transformational drivers:

Performance Measurement
• Refine and develop national measures that reflect health, rather than disease, including those that will capture nursing’s contribution.

Payment Systems
• Advocate for legislation to advance payment mechanisms that provide reimbursement to nursing and other professionals who provide preventive services.
• Advocate for legislation to reimburse for care delivery models that are patient-centered and community-based, including community nursing centers.
• Advocate for legislation across all states requiring equal reimbursement for equal services regardless of professional or provider type.

Research and Knowledge Dissemination
• Fund demonstration and comparative effectiveness projects to evaluate outcomes, including cost, from nurse-managed health centers.
• Increase the investment in science to agencies such as NINR, AHRQ, HRSA, CDC, and the National Health Service Corps to support their collaborative funding of research to advance knowledge about ways to improve population health.

Professional Development, Education, and Certification
• Establish a scope of practice for advanced practice registered nurses that is consistent across all states.
• Strengthen and reenergize health promotion in nursing curricula.

System Capacity
• Restore the public health infrastructure.

Strategies for Priority Area #3: Safety

The NPP vision: “We envision a healthcare system that is relentless in continually reducing the risks of injury from care, aiming for “zero” harm wherever and whenever possible—a system that can promise absolutely reliable care, guaranteeing that every patient, every time, receives the benefits of care based solidly in science. We envision healthcare leaders and healthcare professionals intolerant of defects or errors in care and who constantly seek to improve, regardless of their current levels of safety and reliability.”

The NPP goals, in collaboration with The Partners, are to ensure:

1. All healthcare organizations and their staff will strive to ensure a culture of safety while lowering the incidence of healthcare-induced harm, disability, or death. They will focus on continually reducing and seeking to eliminate all healthcare-associated infections and serious adverse events.

2. All hospitals will reduce preventable and premature hospital-level mortality rates to best in class (there are accepted methods for determining best in class).

3. All hospitals and their community partners will improve 30-day mortality rates following hospitalization for select conditions (acute myocardial infarction, heart failure, pneumonia) to best in class.

As front-line providers across the care continuum, nurses currently play major roles in advancing the safety agenda of NPP. There has been substantial engagement of the nursing community in performance measurement, quality and safety education, and research to demonstrate nursing’s contributions to safety outcomes. Attention to public reporting and payment systems was seen as critical to actualizing nursing contributions to NPP’s safety goals.

Opportunities to accelerate nurses’ contributions to Safety include the following transformational drivers:

Performance Measurement
• Expand the set of measures sensitive to nursing interventions, building on and leveraging the use of existing measures.
• Focus on the development and testing of performance measures consistent with NPP’s safety goals and relevant across the full continuum of healthcare.
• Advocate for appointments of nurses to key national performance measurement taskforces and committees.

Public Reporting
• Advocate for measures for public reporting that link safety outcomes to nursing’s value and make the business case for nursing.
• Fund initiatives to sustain and incorporate nurse-sensitive benchmarking registries into national reporting systems.

Payment Systems
• Advocate for the inclusion of nurse-sensitive safety measures in public reporting and payment systems.

Research and Knowledge Dissemination
• Fund research to accelerate the development and testing of performance measures that link nursing interventions to safety outcomes.
• Fund research to build knowledge about nursing work environment and safety-related interventions that protect the health and wellbeing of the nursing workforce and address workload and ergonomics related to safety and system transformation.
• Fund research to design and test new models for rapid knowledge dissemination and improvement in clinical settings.

Professional Development, Education, and Certification
• Initiate local and national education campaigns to prepare front-line staff and clinical and administrative leaders to use nurse measures for quality and safety improvement.
• Support the systematic incorporation of consensus quality and safety competencies into nursing and interprofessional curricula and continuing education.

• Offer certification for nurses in quality measurement and quality improvement.

**System Capacity**

• Support the development of HIT for performance measurement, reporting, and quality improvement initiatives.

• Design initiatives to improve workplace design and contribute to healthy work environments for staff.

**Strategies for Priority Area #4: Care Coordination**

The NPP vision: “We envision a healthcare system that guides patients and families through their healthcare experience, while respecting patient choice, offering physical and psychological supports, and encouraging strong relationships between patients and the healthcare professionals accountable for their care.”

The NPP goals, in collaboration with The Partners, are to ensure:

1. Healthcare organizations and their staff continually strive to improve care by soliciting and carefully considering feedback from all patients—and their families where applicable—regarding the care coordination during care transitions.

2. Medication information will be clearly communicated to patients, families, and the next healthcare professional and/or organization of care; medications will be reconfirmed each time a patient experiences a transition in care.

3. All healthcare organizations and their staff will work collaboratively with patients and their families to decrease 30-day readmission rates.

4. All healthcare organizations and their staff work collaboratively with patients and families to reduce preventable emergency department visits.

Of all the priority areas, the dialogue and recommendations related to care coordination posed the greatest opportunity for nursing alignment with NPP. Nurses in every practice and setting play a critical role in each of the core elements of NQF’s care coordination framework: patient centered healthcare home, proactive plan of care, communication, care transitions, and information systems. Nurses are making significant contributions to the design and testing of care coordination models particularly in the area of transitional care. As an area in which nursing expertise is evident and central to effective care, care coordination should be a focal point for nursing’s strategic plan and used as a springboard for influencing policy and payment changes aligned with NPP’s goals.

Opportunities to accelerate nurses’ contributions to Care Coordination include the following transformational drivers:

**Performance Measurement**

• Advocate for funding to support the development and testing of performance measures that capture nursing’s contribution to care coordination.

• Encourage NQF to align the nurse-sensitive consensus measures with emerging care coordination consensus measures.

**Public Reporting**

• Advocate for the inclusion of measures that communicate nursing’s value in care coordination to consumers and purchasers.

• Raise awareness of policymakers and the public regarding effective care coordination programs led by nurses.

• Initiate a campaign to educate the public about nursing’s contribution to care coordination focused on outcomes meaningful to consumers (e.g., hospital readmissions).

**Payment Systems**

• Advocate for payment reforms that include reimbursement of effective and efficient nurse-led care coordination and transitional care models for at-risk populations.

• Highlight models that are patient-centered and community based.
**Research and Knowledge Dissemination**

- Request program funding for research to demonstrate the link between nurse interventions in care coordination and healthcare models to patient outcomes.
- Support research initiatives that incorporate economic indicators or the cost-effectiveness of nurse-led care coordination (e.g., the economic value of preventing hospital readmissions, hospital-acquired conditions, and positive patient experiences).

**Professional Development, Education, and Certification**

- Identify knowledge, skill, and aptitude competencies associated with effective care coordination by nurses.
- Disseminate best practice educational materials and tools used by academic programs in teaching care coordination competencies.

**Strategies for Priority Area #5: Palliative and End-of-Life Care**

The NPP vision: “We envision healthcare capable of promising dignity, comfort, companionship, and spiritual support to patients and families facing advanced illness or dying, fully in synchrony with all of the resources that community, friends, and family can bring to bear at the end of life.”

The NPP goals, in collaboration with The Partners, are to ensure all patients with life-limiting illnesses will:

1. Have access to effective treatment for relief of suffering from symptoms such as pain, shortness of breath, weight loss, weakness, nausea, serious bowel problems, delirium, and depression;
2. Have access to help with psychological, social, and spiritual needs, as will their families;
3. Receive effective communication from healthcare professionals about their opinions for treatment; realistic information about their prognosis; timely, clear, and honest answers to their questions; advanced directives; and a commitment not to abandon them regardless of their choices over the course of their illness; and
4. Receive high-quality palliative care and hospice services.

Opportunities to accelerate nurses’ contributions to Palliative and End-of-Life Care—with an emphasis on Palliative Care—include the following transformational drivers:

Nurses have played a significant role in the evolution of palliative care. As an initial and important step, workshop participants encouraged NPP to rename this goal using the more encompassing term, “palliative care” since, in their view, all end-of-life care is palliative, but not all palliative care occurs at end-of-life. This philosophical stance guided subsequent work group discussions, which addressed only palliative care. There was a strong emphasis for nurse leaders in the palliative care arena to be present in decisionmaking and to influence policy at all levels—local and national.

**Research and Knowledge Dissemination**

- Appoint nurse scientists engaged in palliative care research to NIH study sections.

**Professional Development, Education, and Certification**

- Modify existing nursing curricula to include content on palliative care.
- Add questions about palliative care to the nurse licensure examination.
- Require the certification of nurses who practice in palliative care.
- Standardize regulations for advanced practice registered nurses nationwide.
- Insert palliative care language into the ANA Scope and Standards document.

**Strategies for Priority Area #6: Elimination of Overuse**

The NPP vision: “We envision healthcare that promotes better health and more affordable care by continually and safely reducing the burden of unscientific, inappropriate, and excessive care, including tests, drugs, procedures, visits, and hospital stays.”

The NPP goals, in collaboration with The Partners, are to ensure:

All healthcare organizations strive to improve the delivery of appropriate patient care,
substantially and measurably reducing extraneous services and/or treatments.

As in the safety priority area, nurses are deeply involved in care and decisionmaking associated with elimination of overuse. Currently, payment incentives restrict the use of nurse-led services and interventions that have demonstrated or have potential value for reducing overuse. Recommendations for actualizing nurses’ contributions in this domain focused on reducing payment barriers and leveraging the use of transformational drivers for the other NPP goals.

Opportunities to accelerate nurses’ contributions to eliminating overuse include the following transformational drivers:

**Payment Systems**

- Advocate for the reimbursement of nursing services which assess and monitor effective use of treatments and services.

**Research and Knowledge Dissemination**

- Fund research to demonstrate the impact of nurse-led home- and community-based interventions in reducing overuse of costly healthcare treatments and services.

**Health Information Technology**

As noted earlier, health information technology is viewed as the “steel thread” running through the six National Priorities. With some exceptions, the invited presenters typically referred to HIT in relation to acute care. Discussions served to remind all participants that there is a broader use for HIT beyond the acute care setting (e.g., monitoring patients’ symptoms while they are home). Rather than conceptualizing HIT as setting-specific, the technology could remain with the patient, making it available wherever the patient happens to be. A broader use and adoption of HIT should support a health record that is useful to patients and healthcare professionals across all settings.

Even within acute care facilities, HIT needs vary based upon patient location—the emergency department, operating room, and labor and delivery, are different from other inpatient settings. Patient location is also an important element to capture in measuring quality and yet it is frequently not a data field. Engaging new contributors to HIT efforts such as human factors engineers could yield insights about the best ways to incorporate technology into care delivery without impeding workflow. To avoid simply automating current practices, we need to consider what care will be like in the future and develop HIT around those future needs. Work redesign should precede HIT efforts to avoid automating poor practices and processes. Prototype development should move to the point-of-care to ensure modifications offer a good fit between technology and desired care processes.

Opportunities to accelerate nurses’ contributions to HIT include the following transformational drivers:

**Performance Measurement**

- Establish science-based measures that reflect nursing’s contribution to the six National Priorities using standardized terminology and interoperable standards.
- Use standardized data sets to measure nursing care quality and ensure that care delivered by nurses is captured.
- Develop consistent, standardized reports of nursing practice showing the impact of outcomes across settings.

**Public Reporting**

- Use HIT to enable real-time public reporting of nursing care quality at a national level.

**Payment Systems**

- Provide financial incentives to optimize the use of nursing-led telehealth in rural settings.

**Research and Knowledge Dissemination**

- Develop standardized data sets to measure nursing care quality.
- Conduct studies that capture the return on investment realized from implementing HIT or quality measures.

**Professional Development, Education, and Certification**

- Provide decision support at the point when decisions are made.
- Make knowledge actionable.
- Ensure healthcare providers acquire HIT competencies.
VII. Cross-Cutting Strategies: Critical Issues In Moving Forward

Throughout the workshop, participants urged attention to and action on issues and barriers they believe must be addressed to realize nursing’s full potential to contribute to NPP. Addressing these issues and barriers is critical to moving forward on specific actionable strategies for each of the National Priorities.

Major cross-cutting issues for nursing were identified as:

- increasing nursing’s visibility and value to key stakeholder groups, particularly consumers and purchasers;
- expanding nurse-sensitive measures and their inclusion in public reporting;
- achieving payment for effective nurse-led models which support the NPP goals;
- increasing funding for research that links nurse interventions to patient and system outcomes; and
- engaging front-line staff in all aspects of the NPP goals while creating efficient structures for embedding performance measurement and improvement in daily practice.

Strategies that address these cross-cutting issues are, by necessity, broader than the specific ideas laid out within each of the six priority areas. These strategies, like those in the specific priority areas, rely on purposeful use and synergy among the transformational drivers. Strategies for cross-cutting actions by the nursing community and its stakeholders are organized here by transformational driver to facilitate discussion and the creation of a comprehensive and integrated action plan.

Strategies for Cross-Cutting Issues

Performance Measurement. Workshop participants saw performance measurement as key to increasing nursing’s visibility and value to key stakeholder groups. Performance measurement also was viewed as pivotal to achieving payment reform. Nursing should work toward an economical set of measures that reflect nursing’s contributions to the NPP goals and to advocate for the resources needed for efficient performance reporting and improvement. Reducing burden on front-line staff for documentation and reporting was a major concern. Cross-cutting strategies related to performance measurement included:

- funding measure development, testing, and dissemination in areas of nursing expertise such as care coordination, transitional care, and patient safety;
- focusing on development and testing of measures that communicate nursing’s value to consumers and purchasers;
- encouraging active participation by the nursing community in NQF’s consensus development process for performance measures;
- advocating for nursing representation at all levels of the quality enterprise;
- advocating for nursing representation on task forces and committees designing and selecting HIT;
- educating front-line nursing staff to use performance measures to guide quality and safety improvement; and
- advocating for the selection of performance measures that reduce the burden on front-line nursing staff for documentation and reporting.

Public Reporting. Public reporting was seen as closely tied to performance measurement and payment reform. The selection of performance measures for public reporting is central to improving visibility in nursing’s contributions to quality improvement, achieving needed changes in payment incentives, and actualizing system change. Steps forward in public reporting include initiating public campaigns to:

- educate consumers, purchasers, and other major stakeholders about nursing interventions related to patient quality and safety outcomes;
- educate consumers about the benefits of achieving the NPP goals, focusing on areas of high interest and meaning to consumers, such as care coordination and patient engagement; and
• expand the public’s, purchasers’, and policymakers’ comprehension of nursing’s contributions to improving population health, including care provided through community nursing centers.

Payment Systems. Panelists and nurse members discussed at length payment reform ideas. At present, nurse providers are not under the same reimbursement structures as other providers. If new care delivery models are to become a reality, then nurses need a voice in the development of payment structures to ensure that appropriate reimbursement for care provided by nurses becomes a reality. Cross-cutting strategies related to payment systems include:

• advocating for incentives that encourage providers to invest time and resources to engage patients and family members;
• advancing payment mechanisms that cover care provided by advanced practice registered nurses (nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists);
• providing input to the Centers for Medicare & Medicaid Services to advance payment reform; and
• advancing payment mechanisms to cover care provided by nurses through nursing centers and well-tested transition care models.

Research and Knowledge Dissemination. Focused programs of research are necessary to demonstrate nursing’s contribution to transforming healthcare. This includes research to develop new performance measures, to test new models of care, and to accelerate the dissemination of research findings in clinical practice. Workshop participants emphasized the importance of creating incentives for collaboration across clinical and academic settings. Cross-cutting strategies related to research and knowledge dissemination include:

• funding research to test new nurse-led models of care, especially in the areas of prevention, health promotion, and self-management of chronic illness across the care continuum;
• funding research in comparative effectiveness of different practice models;
• increasing research funding to demonstrate the link between nursing interventions and safety and quality outcomes;
• developing partnerships between research, education, and practice to accelerate the translation of evidence into practice; and
• developing, implementing, and evaluating point-of-care structures for rapid dissemination of best practices and performance measurement to improve practice (e.g., decision support systems, open access clearinghouses of best practices).

Professional Development, Education and Certification. The importance of engaging all nurses and healthcare professionals in the work of transforming the healthcare system was emphasized throughout the workshop. Cross-cutting strategies related to professional development, education, and certification include:

• initiating national campaigns to educate nurses and other professionals about the NPP goals and agenda;
• supporting standardized education within nursing and interprofessional curricula in high priority areas for the NPP agenda, such as care coordination, population health, chronic illness care, evidence-based practice, and interprofessional teamwork;
• issuing a call for examples of best practices in education for quality and safety;
• revamping education for healthcare professionals and moving away from the traditional classroom structure; and
• revising licensure and certification examinations to align with the National Priorities and Goals.

System Capacity. Building system capacity will require an integrated set of actions to engage front-line staff in the NPP goals and the nursing community in policy change. Cross-cutting strategies related to system capacity include:

• engaging front-line nurses in the goals of NPP through education and point-of-care support for best practices;
• reducing the burden on nurses for documentation and performance measurement and emphasizing activities with the largest pay-off; and
• positioning nurses to participate in and influence policy change and payment reform through nomination and appointment to key decision-making groups, through partnering with consumers especially in the priority areas of care coordination and engagement, and through partnering with other professional groups including medicine and pharmacy.

**VIII. Aligning Nursing Efforts To Transform America’s Healthcare: Workshop Accomplishments**

Workshop participants came together to analyze nursing’s contributions to the National Priorities Partnership and to identify critical opportunities and actions to advance this work. The status of each of the aims at the conclusion of the two-day workshop is reviewed.

**Workshop Aim 1: Analyze nursing’s current and future contributions to the National Priorities Partnership agenda**

Nurses are making important contributions to the NPP agenda and to the achievement of the six National Priorities.

Proceedings of this workshop highlight the many contributions nurses currently are making to each of the six National Priorities. The conference participants saw care coordination as a prime area for nursing alignment within NPP. Nurses in all practice settings carry out care coordination activities. Moreover, nurses are also designing and testing new models to coordinate care and improve care transitions. Another priority for nursing contributions is palliative care in which nurses have been leaders in development.

Nurses also are actively engaged in population health and safety initiatives consistent with NPP’s goals. As the largest group of front-line professionals, nurses also have numerous opportunities to reduce overuse of treatments and services. Although patient and family engagement is a priority that requires a shift in thinking, as front-line healthcare professionals, nurses are in an ideal position to realize the goals for patient and family engagement.

Workshop participants also emphasized the fit between nursing’s comprehensive and holistic philosophy of patient care and NPP’s framework. NQF’s episode-of-care model, linking acute, chronic, and end-of-life care across settings, reflects nursing’s long-term focus on integrated care delivery across settings.

**Workshop Aim 2: Identify critical opportunities for nursing to advance and accelerate the achievement of the National Priorities Partnership goals.**

Nursing has significant opportunities to advance and accelerate each of the six National Priorities. Nursing and its key stakeholders need to eliminate cross-cutting barriers to fully realize nursing’s contributions.

Workshop participants identified extensive and powerful opportunities for nursing to advance and accelerate NPP’s agenda. The range and depth of nursing’s potential to contribute to each of the six National Priorities is evident in the preceding sections of this report.

Workshop participants urged attention to and action on cross-cutting issues and barriers they believe must be addressed to realize nursing’s full potential to contribution to NPP. Addressing these issues and barriers is critical to moving forward on specific actionable strategies in each of the six National Priority areas.

**Workshop Aim 3: Set forth specific ideas for a nursing strategy and action plan to advance the National Priorities Partnership agenda.**

Nursing will advance the National Priorities Partnership through implementation of a focused set of strategies and a developed action plan. Nursing’s action plan needs to be designed and implemented with a common vision and voice across the nursing community in partnership with key stakeholders in transforming healthcare.

Workshop participants generated an extensive set of strategies for consideration by the full nursing community. Strategies for each of the six National Priorities and for cross-cutting issues are provided in this report and are intended to serve as a foundation for the nursing community to establish priorities, achieve consensus, and initiate action to advance the NPP.
ONE VISION, ONE VOICE

Throughout the two-days of intense discussion and generation of recommendations, participants emphasized their belief that “Now” is a time of critical opportunity to transform healthcare. The philosophy and work of nurses is closely aligned with the agenda and goals of NPP. With purposeful and unified action, the power and commitment of the nursing community will advance the work of NPP to achieve the important National Priorities set forth.

Endnotes

1. As of December 31, 2009 the NQF Nursing Organizational Members (in order of longevity of membership) include: American Nurses Association (ANA), American Association of Nurse Anesthetists (AANA), the American Academy of Nursing (AAN), the American Association of Colleges of Nursing (AACN), the Hartford Institute for Geriatric Nursing (Hartford), the Infusion Nurses Society (INS), the American Organization of Nurse Executives (AONE), the Hospice and Palliative Nurses Association (HPNA), AORN (Association of periOperative Nurses), the Academy of Medical-Surgical Nurses (AMSN), American College of Nurse-Midwives (ACNM), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), the National Council of State Boards of Nursing (NCSBN), the American Psychiatric Nurses Association (APNA), the Association of Rehabilitation Nurses (ARN), the National Association of Pediatric Nurse Practitioners (NAPNAP) the Wound, Ostomy and Continence Nurses Society (WOCNS), AANAC (American Association of Nurse Assessment Coordinators), and the University of Kansas School of Nursing.


Participants

Karen Adams, PhD, MT
National Quality Forum

Carol J. Bickford, PhD, RN-BC
American Nurses Association

Margaret “Meg” Campbell, PhD, RN, FAAN
Wayne State University

Pamela F. Cipriano, PhD, RN, FAAN, NEA-BC
American Nurse Today

Janet M. Corrigan, PhD, MBA
National Quality Forum

Nancy E. Donaldson, DNSc, RN, FAAN
UCSF School of Nursing

Patricia Drehobl, MPH, RN
Centers for Disease Control and Prevention

Nancy Dunton, PhD
University of Kansas School of Nursing

Lillee Smith Gelinas, MSN, RN, FAAN
VHA, Inc.

Susan Hassmiller, PhD, RN, FAAN
Robert Wood Johnson Foundation

Bonnie Mowinski Jennings, DNSc, RN, FAAN
Consultant

Rosemary Kennedy, MBA, RN, FAAN
National Quality Forum

Mary E. Kerr, PhD, RN, FAAN
National Institutes of Health/
National Institute for Nursing Research

Gerri S. Lamb, PhD, RN, FAAN
Arizona State University

Lindsay Lang, MSHA, RN
National Quality Forum

Norma M. Lang, PhD, RN, FAAN, FRCN
University of Wisconsin-Milwaukee
College of Nursing

Jerod M. Loeb, PhD
The Joint Commission

Karen Dorman Marek, PhD, MBA, RN, FAAN
University of Wisconsin Milwaukee College of Nursing

Bernadette Mazeurek Melnyk, PhD, RN CPNP/
NPP, FNAP, FAAN
Arizona State University

Jeannie Miller, MPH, RN
Centers for Medicare and Medicaid Services

Pamela Mitchell, PhD, CNRN, FAAN
University of Washington

Shirley M. Moore, RN, PhD, FAAN
Case Western Reserve University

Mary D Naylor, PhD, RN, FAAN
University of Pennsylvania School of Nursing

Jack Needleman, PhD, FAAN
UCLA School of Public Health

James Owen, PharmD
American Pharmacists Association

Rebecca M. Patton, MSN, RN, CNOR
American Nurses Association

Christopher Queram, MA, FACHE
Wisconsin Collaborative for Healthcare Quality

Bernie Rosof, MD, FACP
American Medical Association-Physician
Consortium for Performance Improvement

Linda J. Shinn, MBA, RN, CAE
Consensus Management Group

Linda J. Stierle, MSN, RN, NEA-BC
Consultant

Peggy Troy, MSN, RN
Children’s Hospital of Wisconsin

Tom Valuck, MD, JD
National Quality Forum

Wendy Vernon, MPH, MPT
National Quality Forum

Mary Wakefield, PhD, RN, FAAN
Health Resources and Services Administration

Linda S. Warino, BSN, RN, CPAN
Western Reserve Care Services

Marla J. Weston, PhD, RN
American Nurses Association

Cecili Thompson Williams
National Partnership for Women and Families
Planning Committee

Marybeth Farquhar, PhD, MSN, RN
National Quality Forum

Pat Ford-Roegner, MSW, RN, FAAN
American Academy of Nursing

Rita Munley Gallagher, PhD, RN
American Nurses Association

Tina Grannis, BSN, RN
National Quality Forum

Bonnie Mowinski Jennings, DNSc, RN, FAAN
Consultant

Gerri S. Lamb, PhD, RN, FAAN
Arizona State University

Lindsay Lang, MSHA, RN
National Quality Forum

Norma M. Lang, PhD, RN, FAAN, FRCN
University of Wisconsin-Milwaukee
College of Nursing

Mary Jean Schumann, MSN, MBA, RN, CPNP
American Nurses Association

Laura Thornhill, JD
American Academy of Nursing

Nursing Organization Representatives

Betty MacLaughlin Frandsen RN, NHA, MHA, CDONA/LTC
AANAC (American Association of Nurse Assessment Coordinators)

Lisa J. Thiemann, CRNA, MNA
American Association of Nurse Anesthetists

Donna Hathaway, PhD, RN, FAAN
American Association of Colleges of Nursing

Margarete Lieb Zalon, PhD, RN, ACNS-BC
American Nurses Foundation

Jeanne Floyd, PhD, RN, CAE
American Nurses Credentialing Center

Verena Briley Hudson, MN, RN
American Organization of Nurse Executives

Linda Groah, RN, MSN, CNOR, CNA, FAAN
AORN (Association of periOperative Nurses)

Kathy G. Clark, MSN, RN, CRRN
Association of Rehabilitation Nurses

Joanne Barnes, MS, RNC
Association of Women’s Health, Obstetric and Neonatal Nurses

Teresa M. Haller, MSN, MBA, RN, CNAA-BC
Center for American Nurses

AnnMarie Papa, RN, MSN, CEN, NE-BC, FAEN
Emergency Nurses Association

Elizabeth Capezuti, PhD, RN, CS, FAAN
Hartford Institute for Geriatric Nursing

Judy Lentz, RN, MSN, NHA
Hospice and Palliative Nurses Association

Mary Alexander, MA, RN, CRNI, CAE, FAAN
Infusion Nurses Society

Melanie Duffy, MSN, RN, CCRN, CCNS
National Association of Clinical Nurse Specialists

Rita H. Pickler, PhD, RN, PNP-BC, FAAN
National Association of Pediatric Nurse Practitioners

Isis Montalvo, MS, MBA, RN
National Center for Nursing Quality

Ellen T. Kurtzman, MPH, RN
Nursing Alliance for Quality Care

Kristen Fessele, RN, MSN, APRN-BC, AOCN
Oncology Nursing Society
National Quality Forum Staff

Ian Corbridge, MPH, RN
Karen Pace, PhD, RN
Dan Rafter

Ashlie Wilbon, MPH, RN
Bonnie L. Zell, MD, MPH

American Nurses Association Staff

James Burris
Cindy Daily
LaShawn Dunbar
Amanda Gayle
Paulette Hamilton
Yvonne Humes
Simon Kanni
Gisele Marshall

François Marjorie
Emily Piccirillo
Pauline Pitt
Marsha Russell
Ranisha Scott
Rhonda Smith
John Thomas
Vernice Woodland