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Agency for Healthcare Research and Quality
Attention: Nancy Wilson, RN, MD, MPH
Room 3216
540 Gaither Road
Rockville, MD 20850

Submitted electronically: national_quality_strategy@hhs.gov

Re: Input to the Secretary of Health and Human Services: Priorities for the 2011 National Quality Strategy

Dear Dr. Wilson:

The American Nurses Association (ANA) welcomes the opportunity to offer input on Priorities for the 2011 National Quality Strategy. ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses, the single largest group of health care professionals in the United States. ANA represents RNs in all roles and practice settings, through its state and constituent member nurses associations, and organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and advocating before Congress and regulatory agencies on healthcare issues affecting nurses and the public. ANA members include staff nurses, Advanced Practice Registered Nurses (APRNs) such as Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Certified Nurse Midwives (CNMs), and Certified Registered Nurse Anesthetists (CRNAs).

The American Nurses Association believes that the strategy should build on existing work such as that of the National Priorities Partnership (NPP), in which ANA is a Partner. Those efforts have gained traction in the public and private sectors and have the potential to enable rapid adoption of the Secretary's plan. ANA is supportive of Health and Human Services (HHS) initial set of "core principles," intended to serve as the underpinning of the National Quality Strategy, and believes they should be reflected not only in the framework, but also in the manner in which goals, targets, and plans are developed.

The American Nurses Association also supports HHS' three pillars (better care, affordable care, and healthy people/communities). In initially endorsing voluntary consensus standards for nursing-sensitive care, the National Quality Forum (NQF) noted *nurses, as the principal frontline caregivers in the U.S. healthcare system, have tremendous influence over a patient's healthcare experience.*¹ In 2008, of the total licensed RN population, 84.8 percent (an estimated 3,063,163) were employed in nursing.² Nurses have significant impact on all aspects of the triple aim. Examples are as follows:

- Better Care ~ A growing body of evidence demonstrates nursing's impact on the provision of care that is safe, effective, patient-centered, timely, efficient, and equitable...the adequacy of nursing staffing and proportion of registered nurses is inversely related to the death rate of acute medical patients within 30 days of hospital admission.³ Increasing RN staffing could reduce costs and improve patient care by reducing unnecessary deaths and reducing days in the hospital⁴...patients hospitalized for heart attacks, congestive heart failure and pneumonia...are more likely to receive high quality care in hospitals with higher registered nurse staffing ratios.⁵ Higher fall rates were associated with fewer nursing hours per patient day and a lower percentage of registered nurses...⁶ Nurses can accurately differentiate pressure ulcers from other ulcerous wounds in web-based photographs, reliably stage pressure ulcers, and reliably identify community versus nosocomial pressure ulcers.⁷ A 10% increase in the number of patients assigned to a nurse leads to a 28% increase in adverse events such as infections, medication errors, and other injuries.⁸ Understaffing of registered nurses in hospital intensive care units increases the risk of serious infections for patients; specifically pneumonia.⁹
- Affordable Care ~ According to The Joint Commission, *Nurses provide a critical role in the care of hospitalized patients. Quantifying the effect that nurses and nursing interventions have on the quality of care processes, and on patient*

¹ National Quality Forum. (2004). *National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set*. Washington, DC: National Quality Forum.

² Health Services and Resources Administration, U.S. Department of Health and Human Services. (2010, March). [The Registered Nurse Population: Initial Findings from the 2008 National Sample Survey of Registered Nurses](http://bhpr.hrsa.gov/healthworkforce/rnsurvey/initialfindings2008.pdf), Washington, DC: U.S. Government Printing Office available at <http://bhpr.hrsa.gov/healthworkforce/rnsurvey/initialfindings2008.pdf> accessed October 13, 2010.

³ Tourangeau, A.E. et al, (2005). "Impact of Hospital Nursing Care on 30-day Mortality for Acute Medical Patients," *Cancer*, 104(5): 975-984.

⁴ Stone, P.W., et al. (2007). "Nurse Working Conditions and Patient Safety Outcomes," *Medical Care*, 45(6): 571-578.

⁵ Landon, B.E., (2006). "Quality of Care for the Treatment of Acute Medical Conditions in U.S. Hospitals," *Archives of Internal Medicine*, 166: 2511-2517.

⁶ Dunton, N., Gajewski, B., Taunton, R.L., Moore, J. (2004). "Nurse staffing and patient falls on acute care hospital units." *Nursing Outlook*, Vol. 52, No.1, pp. 53-50.

⁷ Hart, S., Bergquist, S., Gajewski, B., and Dunton, N. (2006). Reliability testing of the National Database of Nursing Quality Indicators' pressure ulcer indicator. *Journal of Nursing Care Quality*, 21, 256-265.

⁸ Weisman, J.S. (2007). "Hospital Workload and Adverse Events," *Medical Care*, 45(5): 448-454.

⁹ Hugonnet, S., et al, S. (2007, July 19). "Staffing Level: a Determinant of Late-Onset Ventilator-Associated Pneumonia," *Critical Care*.

*outcomes, has become increasingly important to support evidence-based staffing plans, understand the impact of nursing shortages and optimize care outcomes.*¹⁰

Patient falls in hospitals have been estimated to add \$7,118 (2005 dollars) per event.¹¹ Research has shown that fall rates are related to structural measures, such as total nursing hours per patient day, skill mix, RN years of experience, and frequency of risk assessment.¹² Falls with injury are considered a serious adverse event. Falls may not only result in patient injury and additional expense, they lead to adverse psychological consequences and increase mobility impairments for elderly patients.¹³ Persons with pressure ulcers experience a fifty percent increase in mortality.^{14,15} Overall costs for treatment are \$9.1 to \$11.6

¹⁰ The Joint Commission. (2010). *Implementation Guide for the National Quality Forum (NQF) Endorsed Nursing-Sensitive Care Performance Measures 2009*, available at http://www.jointcommission.org/PerformanceMeasurement/MeasureReserveLibrary/nqf_nursing.htm accessed October 13, 2010.

¹¹ Dall, T., Yaozhu, J., Seifert, R., Maddox, P., & Hogan, P. (2009). The Economic Value of Professional Nursing. *Medical Care* 47(1): 97-104.

¹² See:

Dunton, N., Gajewski, B., Taunton, R.L., Moore, J. (2004). Nurse staffing and patient falls on acute care hospital units. *Nursing Outlook*, 53, 53-59.

Dunton, N. (2008). Take a cue from the NDNQI: Demonstrating the quality of care on nursing units. *Nursing Management*, 39, 20-23.

Dunton, N., Gajewski, B., Klaus, S., Pierson, B. (2007). The relationship of nursing workforce characteristics to patient outcomes. *OJIN: Online Journal of Issues in Nursing*, 12(3). <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No3Sept07/NursingWorkforceCharacteristics.aspx>, accessed October 13, 2010.

¹³ See:

American Nurses Association (1996). National Database of Nursing Quality Indicators. (NDNQI) ANA. *Nurse Staffing and Patient Outcomes in the Inpatient Setting*. Washington, DC. American Nurses Publishing.

Hendrich, A.L., Bender, P.S., Myhuis, A. (2005). Validation of the Hendrich II fall risk model: a large concurrent case/control study of hospitalized patients. *Applied Nursing Research*, 16(1), 9-12.

McCollam, M.E. (1995). Evaluation and Implementation of a research-based falls assessment innovation. *Nursing Clinics of North America*, 30(3), 507-514.

Morse, J.M., Morse, et al. (1989). Development of a scale to identify the fall-prone patient. *Canadian Journal of Aging*, 8, 366-377.

NDNQI (2008). *Guidelines for Data Collection and Submission on Quarterly Indicators, Version 8.1*. Kansas City, KS: The University of Kansas School of Nursing.

Savitz, L. A., Jones, C.B., Bernard, S. (2005). Advances in Patient Safety: From Research to Implementation, Volume 4. *Programs, Tools, and Products Quality Indicators Sensitive to Nurse Staffing in Acute Care Settings*.

Schmid, N. A. (1989). Federal Nursing Service Award Winner. Reducing patient falls: A research-based comprehensive fall prevention program. *Military Medicine*, 155(5), 202-207.

Unruh L. (2003). Licensed nurse staffing and adverse events in hospitals. *Medical Care*. 41(1), 142-152.

Yang, K.P. (2003). Relationships between nurse staffing and patient outcomes. *Journal of Nursing Research*, 11(3), 149-158.

¹⁴ Dale, M.C., Burns, A., Panter, L., & Morris, J. (2001). Factors affecting survival of elderly nursing home residents. *Internal Journal of Geriatric Psychiatry*. 16, 70-76.

¹⁵ Redelings, M.D., Lee, N.E., Sorvillo, F. (2005). Pressure ulcers: More lethal than we thought? *Advances in Skin and Wound Care*, 18, 367-372.

billion per year.¹⁶ Among the hospital acquired conditions shown to be related to skill mix were infections, pneumonia, pressure ulcers, and falls. In-hospital mortality rate was also shown to be related to skill mix.¹⁷ Research demonstrates consensus that skill mix is a standard and important measure of nurses staffing in hospital units.^{18, 19}

- Healthy People/Communities ~ The impact of nursing on the public health system and the health of the public has been well documented. ANA's action report, *Supporting Public Health Nurses and their role in Strengthening the Public Health Infrastructure*, addressed the need for ongoing advocacy in the support of the critical role of public health nurses in providing services to individuals, families, and communities.²⁰ The Frontier Education Center report, *Addressing the Nursing Shortage: Impacts and Innovations in Frontier America*, explored the effect of the nursing shortage on rural and frontier communities and noted that frontier and rural communities were more likely to suffer from the nursing shortage and that these communities depend on non-hospital care settings to a greater degree than urban areas.²¹ According to the Institute of Medicine (IOM), *most of the near-term challenges identified in the ACA speak to traditional and current strengths of the nursing profession in care coordination, health promotion, and quality improvement, among other things. Nurses are committed to improving the care they deliver by responding to health care challenges. If*

¹⁶ Zulkowski, K., Langemo, D., Posthauer, M.E.; the National Pressure Ulcer Advisory Panel (2005). Coming to Consensus on Deep Tissue Injury. *Advances in Skin & Wound Care*. 18(1), 28-29.

¹⁷ Kane, R.L., et al. (2007). Nurse staffing and quality of patient care. *Evid Rep Technol Assess* (Full Rep), 151, 1-115.

¹⁸ Van den Heede, K., et al. (2007). International experts' perspectives on the state of the nurse staffing and patient outcomes literature. *Journal of Nursing Scholarship*, 39(4), 290-297.

¹⁹ See:

American Nurses Association (1996). *Nurse Staffing and Patient Outcomes in the Inpatient Setting*. Washington, DC: American Nurses Publishing.

Blegan, M.A., Vaughn, & Vojir, C.P. (2007). Nurse staffing levels: Impact of organizational characteristics and registered nurse supply. *Health Services Research*, 42(5), 1822-1848.

Dunton, N., Gajewski, B., Klaus, S., Pierson, B. (2007). The relationship of nursing workforce characteristics to patient outcomes. *OJIN: Online Journal of Issues in Nursing*, 12(3).

<http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No3Sept07/NursingWorkforceCharacteristics.aspx>, accessed October 13, 2010.

NDNQI. *Guidelines for Data Collection and Submission on Quarterly Indicators, Version 8.1* (April 20-8). Kansas City, KS: The University of Kansas School of Nursing.

Needleman, J., et al (2002). Nurse-staffing levels and the quality of care in hospitals. *The New England Journal of Medicine*, 346(22), 1715-1723.

Needleman, J., et al (2006). Nurse Staffing in Hospitals: Is There a Business Case for Quality? *Health Affairs*. 25(1), 204-211.

Sales, A., et al (2008). The association between nursing factors and patient mortality in the Veterans Health Administration: The view from the nursing unit level. *Medical Care*, 46(9), 938-945.

²⁰ American Nurses Association. (2003). *Supporting Public Health Nurses and their role in Strengthening the Public Health Infrastructure*. Washington, DC: Author.

<http://www.nursingworld.org/MemberCenterCategories/ANAGovernance/HODArchives/2003-HOD/2003-HOD--Actions-Adopted/2003-Actions.aspx>. Accessed October 13, 2010.

²¹ National Clearinghouse for Frontier Communities. (2004). *Addressing the Nursing Shortage: Impacts and Innovations in Frontier America* <http://www.frontierus.org/nursing.htm> accessed October 13, 2010.

their full potential is to be realized, however, the nursing profession itself will have to undergo a fundamental transformation in the areas of practice, education, and leadership. During the course of this study, the committee formulated four key messages it believes must guide that transformation:

- 1. Nurses should practice to the full extent of their education and training;*
- 2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression;*
- 3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States; and*
- 4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.²²*

It is critical that the National Strategy be designed so as to facilitate implementation of the aforementioned IOM recommendations.

As HHS develops the National Strategy, ANA strongly encourages the proposed framework be consistently explicated and implemented as a triple aim and that strategies for improvement be developed in an integrated fashion. The approach to the National Strategy should not focus on any one of these areas in isolation, but rather should encourage and support interventions that improve the three areas in a comprehensive fashion.

To address the three pillars, ANA supports a framework for the National Strategy predicated on eight priority areas: the original six NPP priority areas (patient and family engagement, population health, safety, care coordination, palliative and end-of-life care, and elimination of overuse) augmented with consideration of equitable access to affordable, timely, and high-quality care along with the support for the necessary infrastructure (including workforce development) to address the underlying system changes that will be necessary to attain the goals of the other priority areas. In partnership with NQF, the American Nurses Association led Nursing and the National Priorities Partnership: *Aligning Efforts to Transform America's Healthcare*, an effort of 20 professional nursing organizations to examine the nursing profession's role in advancing the profession's contribution to the NPP and served to analyze nursing's current and future responsibilities for the NPP agenda; to identify critical opportunities for nursing to accelerate achievement of the NPP goals; and, to set forth specific recommendations for a nursing strategy and action plan to advance the NPP agenda. The resulting action plan (See Figure 1), which is in concert with attainment of the triple aim, is being used by the nursing community to guide strategic planning moving forward.

²² Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine. (2010). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: National Academies Press.

As HHS develops the National Strategy, ANA respectfully calls attention to the need for the use of inclusive language (i.e., clinicians instead of physicians/doctors) throughout the strategy to ensure opportunities for all stakeholders as the strategy is implemented. ANA also encourages strong messaging around the inextricable linkages between the three pillars of better care, affordable care and healthy people/healthy communities and the corresponding priority areas. The National Strategy should be developed to cohesively address aims, priorities, and goals to achieve the best possible results, and should lay out a road map for those charged with implementation that identifies not only priorities and goals, but also specific action steps, milestones, and targets.

Nurses must be recognized as a fundamental asset in implementing the National Strategy. As noted by the IOM, *What nursing brings to the future is a steadfast commitment to patient care, improved safety and quality, and better outcomes. Most of the near-term challenges identified in the health care reform legislation speak to traditional and current strengths of the nursing profession in such areas as care coordination, health promotion, and quality improvement. How well nurses are trained and do their jobs is inextricably tied to every health care quality measure that has been targeted for improvement over the past few years. Thus for nursing, health care reform provides an opportunity for the profession to meet the demand for safe, high-quality, patient-centered, and equitable health care services. We (IOM) believe nurses have key roles to play as team members and leaders for a reformed and better-integrated, patient-centered health care system.*²³

The American Nurses Association looks forward to continuing activities with CMS related to improving the quality of care provided to all in America. ANA also is willing (and has the ability) to serve as a conduit to the larger nursing community on HHS' behalf in moving the National Strategy forward. If you have questions, or if ANA can be of additional assistance, please contact ANA's designated point of contact Rita Munley Gallagher, PhD, RN by fax (240-262-4919) or e-mail (DrRitaMunleyGallagher@ATT.net).

Sincerely,



Marla J. Weston, PhD, RN
Chief Executive Officer
American Nurses Association

cc: Karen Daley, President, ANA

²³ Ibid.

Figure 1: Nursing Action Plan

NPP National Priorities							
Drivers of Change	Patient and Family Engagement	Population Health	Safety	Care Coordination	Palliative and End-of-Life Care	Overuse	Cross Cutting Issues
Professional Development, Education and Certification	<ul style="list-style-type: none"> □ <i>Focus interprofessional education on skills-building, best practices, and cultural sensitivity.</i> □ <i>Teach health professionals how to assess patients' beliefs, readiness to engage, personal goals for health, understanding of their condition, and knowledge about prevention.</i> □ <i>Prepare faculty to identify and support skills that will reinforce high-engagement behavior.</i> □ <i>Develop setting-specific strategies for staff education on patient-family engagement.</i> 	<ul style="list-style-type: none"> □ <i>Establish a scope of practice for advanced practice registered nurses that optimizes the provision of preventive services and that is consistent across all states.</i> □ <i>Strengthen and reenergize health promotion in nursing curricula.</i> 	<ul style="list-style-type: none"> □ <i>Initiate local and national education campaigns to prepare front-line staff and clinical and administrative leaders to use nurse sensitive measures for quality and safety improvement.</i> □ <i>Support the systematic incorporation of consensus quality and safety competencies into nursing and interprofessional curricula and continuing education.</i> □ <i>Offer certification for nurses in quality measurement and quality improvement.</i> 	<ul style="list-style-type: none"> □ <i>Identify knowledge, skill, and attitude competencies associated with effective care coordination by nurses.</i> □ <i>Disseminate best practice educational materials and tools used by academic programs in teaching care coordination competencies.</i> 	<ul style="list-style-type: none"> □ <i>Modify existing nursing curricula to include content on palliative care.</i> □ <i>Insert palliative care language into the ANA Scope and Standards document.</i> □ <i>Standardize regulations for advanced practice registered nurses (APRNs) nationwide.</i> □ <i>Require the certification of nurses who practice in palliative care.</i> □ <i>Add questions about palliative care to the nurse licensure examination.</i> 		<ul style="list-style-type: none"> □ <i>Ensure healthcare providers acquire HIT competencies.</i> □ <i>Initiate national campaigns to educate nurses and other professionals about the NPP priorities and goals.</i> □ <i>Support 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.</i> □ <i>Issue a call for examples of best practices in education for quality and safety.</i> □ <i>Revamp education for healthcare professionals and move away from the traditional classroom structure.</i> □ <i>Revise licensure and certification examinations to align with the NPP priorities and goals.</i>
Payment	<ul style="list-style-type: none"> □ <i>Develop financial incentives for providers to engage with patients and families.</i> 	<ul style="list-style-type: none"> □ <i>Advocate for legislation to advance payment mechanisms that provide reimbursement to nursing and other health professionals who provide preventive services.</i> □ <i>Advocate for legislation to reimburse for patient centered and community-based care delivery models, including community nursing centers.</i> □ <i>Advocate for legislation across all states requiring equal reimbursement for equal services regardless of profession or provider-type.</i> 	<ul style="list-style-type: none"> □ <i>Advocate for the inclusion of nurse-sensitive safety measures in payment systems.</i> 	<ul style="list-style-type: none"> □ <i>Advocate for payment reforms that include reimbursement of effective and efficient nurse-led care coordination and transitional care models for at-risk populations.</i> □ <i>Support patient-centered and community-based payment models.</i> 		<ul style="list-style-type: none"> □ <i>Advocate for the reimbursement of nursing services which assess and monitor effective use of treatments and services.</i> 	<ul style="list-style-type: none"> □ <i>Provide financial incentives to optimize the use of nursing-led telehealth in rural settings.</i> □ <i>Advocate for incentives that encourage providers to invest time and resources to engage patients and family members.</i> □ <i>Advance payment mechanisms that cover care provided by advanced practice registered nurses (nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists).</i> □ <i>Provide input to the Centers for Medicare & Medicaid Services to advance payment reform.</i> □ <i>Advance payment mechanisms to cover care provided by nurses through nursing centers and well-tested transitional care models.</i>

Public Reporting		<ul style="list-style-type: none"> Expand policymaker, public, and purchaser comprehension of nursing's contributions to improving population health, including care provided through community nursing centers. 	<ul style="list-style-type: none"> Advocate for measures for public reporting that link safety outcomes to nursing's value and make the business case for nursing. Advocate for the inclusion of nurse-sensitive safety measures in public reporting programs. Fund initiatives to sustain and incorporate nurse sensitive benchmarking registries into national reporting systems. 	<ul style="list-style-type: none"> 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) 			<ul style="list-style-type: none"> Use HIT to enable real-time public reporting of nursing care quality at a national level. 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 priorities and goals, focusing on areas of high interest and importance to consumers, such as care coordination and patient engagement.
Research and Knowledge Dissemination	<ul style="list-style-type: none"> Create tools and toolkits to support patient and family engagement in care. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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, workload and ergonomics related to safety and system transformation. Fund research to design and test new models for rapid 	<ul style="list-style-type: none"> Request program funding for research to demonstrate the link between nurse interventions and patient outcomes in care coordination and healthcare delivery models. 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). 	<ul style="list-style-type: none"> Appoint nurse scientists engaged in palliative care research to NIH study sections. 	<ul style="list-style-type: none"> Fund research to demonstrate the impact of nurse-led home and community-based interventions in reducing overuse of costly healthcare treatments and services. 	<ul style="list-style-type: none"> Develop standardized data sets to measure nursing care quality. Conduct studies that capture the return on investment realized from implementing HIT or quality measures. Fund 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, and research in comparative effectiveness of different practice models. Increase research funding to demonstrate the link between nursing interventions and safety and quality outcomes. Develop partnerships between research, education, and practice to accelerate the translation of evidence into practice. Develop, implement, and evaluate 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).

<p>Performance Measurement</p>	<ul style="list-style-type: none"> □ <i>Develop measures to assess how patient and family engagement affects health outcomes, including self-management of chronic conditions and healthy lifestyle behaviors.</i> 	<ul style="list-style-type: none"> □ <i>Refine and develop national measures that reflect health rather than disease, including those that will capture nursing's contribution.</i> 	<ul style="list-style-type: none"> □ <i>Expand the set of measures sensitive to nursing interventions, building on and leveraging the use of existing measures.</i> □ <i>Focus on the development and testing of performance measures consistent with NPP's safety goals and relevant to the full continuum of healthcare.</i> □ <i>Advocate for the appointment of nurses to key national performance measurement taskforces and committees</i> 	<ul style="list-style-type: none"> □ <i>Advocate for funding to support the development and testing of performance measures that capture nursing's contribution to care coordination.</i> □ <i>Encourage NQF to align the nurse-sensitive consensus measures with emerging care coordination consensus measures.</i> 			<ul style="list-style-type: none"> □ <i>Establish science-based measures that reflect nursing contributions to the National Priorities using standardized terminology and interoperable standards.</i> □ <i>Use standardized data sets to measure nursing care quality and ensure that care delivered by nurses is captured to develop consistent, standardized reports of nursing practice showing the impact on outcomes across settings.</i> □ <i>Fund measure development, testing, and dissemination in areas of nursing expertise such as care coordination, transitional care, and patient safety, including measures that communicate nursing's value to consumers and purchasers.</i> □ <i>Encourage active participation by the nursing community in NQF's consensus development process for performance measures, and advocate for nursing representation on all levels of the quality enterprise, and on task forces and committees performance designing and selecting HIT.</i> □ <i>Educate front-line nursing staff to use performance measures to guide quality and safety improvement, and advocate for the selection of performance measures that reduce burden on front-line nursing staff for documentation and reporting.</i>
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System Capacity		<input type="checkbox"/> Restore the public health infrastructure.	<input type="checkbox"/> <i>Support the development of HIT for performance measurement, reporting, and quality improvement initiatives.</i> <input type="checkbox"/> <i>Design initiatives to improve workplace design and contribute to healthy work environments for staff.</i>			<input type="checkbox"/> <i>Engage front-line nurses in the goals of the NPP through education and point-of-care support for best practices.</i> <input type="checkbox"/> Reduce the burden on nurses for documentation and performance measurement and emphasize activities with the largest pay-off. <input type="checkbox"/> <i>Position nurses to participate 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.</i> <input type="checkbox"/> Provide decision support at point-of-care. <input type="checkbox"/> Use HIT to enable real-time public reporting of nursing care quality at a national level.
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