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Rewarding Quality Performance: The Role of Nursing

Pay-for-performance models generally seek to reward improvements in quality and high performance by hospitals, physicians, medical groups and others. Such programs could achieve even better results if they paid more attention to the contributions of nurses, according to several speakers at a May 2006 briefing sponsored by the Alliance for Health Reform in conjunction with the Robert Wood Johnson Foundation (RWJF).

Nurses play a central role in delivering high-quality, patient-centered care in America's hospitals and other health care settings, speakers agreed.

Furthermore, strong input from nursing staff is a key part of multi-disciplinary approaches to delivering services in optimal healthcare institutions.

The event also included a discussion on how the federal Centers for Medicare and Medicaid Services (CMS) is designing and implementing pay-for-performance programs — and how these programs could better assess the amount and quality of nursing staff and the way in which nursing care is organized within hospitals.

Nursing Processes Hard to Measure

One of the panelists, Jack Needleman of UCLA's School of Public Health suggested that "current pay-for-performance systems do a very poor job" of targeting improvements in hospitals measured by improved nurse staffing levels or by core activities for which nurses are responsible. Needleman explained that there are few quality measures specific to nursing because nursing processes are inherently difficult to measure. This is because nurses spend considerable time multitasking and tailoring the care that they provide to specific patients. Consequently, every patient does not receive the same care.

Unfortunately, documenting these types of processes is difficult and expensive in current pay-for-performance systems. This has challenged health services researchers trying to construct measures to

assess how nursing affects health system processes that are critical to good patient outcomes.

Taking Up the Challenge

In 2003, the non-profit National Quality Forum (NQF) embraced this challenge. The group created a set of standards for measuring nursing care performance and evaluating the quality of nursing care. The consensus standards for use in inpatient hospital settings were developed by a broad community of stakeholders and experts under an RWJF grant.

These "nursing-sensitive care" standards, summarized on the next page, are being tested for validity using data from approximately 600 hospitals in three states. If validated, the measures will allow providers to identify processes of care that are directly influenced by nursing personnel. The standards could also be used by public and private health care plans to reward hospitals that offer demonstrably excellent nursing services.

In contrast to NQF's proposed measures, pay-for-performance standards developed at CMS were not designed specifically with nursing contributions in mind. CMS Chief Medical Officer Barry Straube explained at the briefing that the federal government is trying "to improve the quality of care broadly" through programs such as "Hospital Compare" (which requires hospitals to report whether certain procedures were delivered) and the Premier demonstration program (which gives financial incentives to high-performing hospitals in the Premier, Inc. health system). A different set of patient safety measures developed by the federal Agency for Healthcare Research and Quality includes nursing indicators that can be used to examine the influence of nurse staffing on the outcomes of care.

Nurses' Role Central to Quality Improvement

One of the briefing speakers was Rob Colones, president and CEO of South Carolina's McLeod Health

The Alliance for Health Reform, with support from the Robert Wood Johnson Foundation, held a Capitol Hill briefing on the role of nursing in health care quality improvement. This is a summary of that briefing.

“Nursing-Sensitive” Quality Measures Proposed By National Quality Forum

Patient-centered Outcome Measures:

- ▲ Death among surgical inpatients with treatable serious complications (“failure to rescue”)
- ▲ Prevalence of pressure ulcers.
- ▲ Prevalence of inpatient falls.
- ▲ Prevalence of inpatient falls with injuries.
- ▲ Prevalence of inpatients who are restrained.
- ▲ Rate of urinary tract infections associated with use of urinary catheters for intensive care unit (ICU) patients.
- ▲ Rate of blood stream infections associated with use of central line catheters for ICU and high-risk nursery patients.
- ▲ Rate of pneumonia associated with use of ventilators for ICU and high-risk nursery patients.

Nursing-centered Intervention Measures:

Smoking cessation counseling for:

- ▲ Acute myocardial infarction.
- ▲ Heart failure.
- ▲ Pneumonia.

System-centered Measures:

- ▲ Percentage of registered nurses and other specific care personnel as part of total nursing care hours.
- ▲ Nursing care hours per patient day by registered nurses and other specific personnel.
- ▲ Practice environment factors, including nurse participation in hospital affairs and nurse staffing and resource adequacy.
- ▲ Rate of voluntary turnover, by nursing category.

Source: National Quality Forum, “NQF-endorsed National Voluntary Consensus Standards for Nursing-Sensitive Care,” Sept. 2004.
<http://216.122.138.39/nursing/>

System, a rural network that has garnered high scores in the Premier demonstration program. He noted that delivering quality care depends on daily scrutiny and coordination among administrators and frontline providers, including nurses.

“Every morning at all of our hospitals, the first 30 minutes are spent visiting patients to try to understand what’s going on with them,” he said. “Many of our senior leaders are nurses by training. Our chief information officer is a master’s [degree] nurse. Our chief quality officer is a master’s-prepared nurse, as is our vice president of human resources.” He attributed the

success of the organization to the central role nurses have played in quality improvement efforts.

Regina Berman heads performance improvement services at the Hackensack Medical Center in New Jersey, another system earning high marks under the CMS Premier demonstration. “The most important piece [of the medical center’s quality improvement],” she said at the briefing, has been “creating multidisciplinary rounds where you really have partnerships at the unit level among all caregivers – be they physicians, nurses, or ancillary providers.”

Yet the current measures used in CMS’ Premier demonstration, while involving the work of nurses, said Jack Needleman, “don’t look like the core functions of hospital nursing... pain management... the assessment of patients for risk of complications, for risk of dying, for various and important things that nurses do.”

Structuring Incentives for Improvement

Finding ways to measure nursing performance is only the first step toward developing methods that recognize nursing contributions in quality improvement initiatives. Perhaps even more difficult may be deciding how to structure the incentives for improvement and how any rewards are to be shared among various players.

Senior RWJF program officer Susan Hassmiller observed that policy discussions about the merits and limitations of the pay-for-performance paradigm, and the role that nurses can play in such programs, will continue. Research on measurement of nursing performance is also continuing. Two grant initiatives announced by the foundation in 2006, the *Interdisciplinary Nursing Quality Research Initiative* and the *Transforming Care at the Bedside* program, are designed to (1) measure how nurses’ contributions affect the safety and quality of patient care, and (2) train nurses and nursing students to make quality and efficiency improvements in medical and surgical units.

The foundation has long believed, Hassmiller said, that “if you don’t have good nursing policies and the nursing workforce in place, consistent levels of high-quality patient care cannot be maintained.” This is why, she concluded, “all voices”, including those of nurses, must be heard at “the pay-for-performance table.”

(For the sources used in writing this publication, contact info@allhealth.org.)

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Downloadable resource materials are also available.