CCI THINK TANK

The Future of Learning: Building a Bridge between Competency and Patient Safety

BRIDGING THE GAP BETWEEN PATIENT SAFETY AND HEALTHCARE PROVIDER COMPETENCY

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A culture of hierarchy, individualism, rationalism, objectivity, fragmentation, bureaucracy, blame, fear of punitive action, and silence has pervaded and historically been the foundation of the healthcare system. The 21st Century has brought advent to a new healthcare culture of an envisioned-future of safe, interdisciplinary care given by competent healthcare providers. A major stimulus for this cultural change has been the publication and dissemination of the Institute of Medicine’s (IOM) research communicating the hidden system of errors contributing to patient injury, morbidity, and mortality. Historic assumptions of the healthcare system being caring, comforting, and safe have been shattered. Patients have become educated consumers that are demanding safety and accountability information on their providers and their institutions. Therefore, this think tank provides an opportunity for discourse, dialogue, and innovations for cultural change surrounding patient safety competency development and assessment.

Is a cultural change a shared vision for all healthcare providers?
Are all healthcare professionals aware of the prevalence of errors and committed to creating a safe and collaborative environment?

The substantiation and documentation of patient errors are replete in the literature even though it is known that errors are underreported due to beliefs of shame and blame. In Crossing the Quality Chasm the IOM reported, “The dominant finding of our review is that there are large gaps between the care people should receive and the care they do receive” (p. 236). Therefore, a major challenge is a cultural change. Is a cultural change a shared vision for all healthcare providers? Are all healthcare professionals aware of the prevalence of errors and committed to creating a safe and collaborative environment?
The IOM has suggested that the future of healthcare will have evidence-based decision-making with safety as a system property. The healthcare landscape is expected to change in response to the forecast trends of demand, consumerism, competition, reform, technology, digitalizing hospitals, costs, safety, workforce issues, and trust (Coile, 2003). An individual worker can be overwhelmed with the demands for changing practice, integrating technology, and assimilating to new rules and norms. A call for leaders and organizations to assist in navigating the churning stream of change is embedded in the purpose of this think tank. Our focus is to explore how the latest methods and technologies from the field of learning contribute to the future landscape of competency development and assessment to ensure safety in the healthcare environment. How can you contribute to the envisioning, dialoguing, and innovating the future of the healthcare system for safe patient care?

Changes will need to occur at the individual as well as at a system level. A model that has been used to implement major cultural change is Appreciative Inquiry, which has evolved from the field of organizational development (http://appreciativeinquiry.cwru.edu/). Historically, organizations have utilized a problem solving approach consisting of the identification of problems, analysis of causes, examination of possible solutions, followed by action planning, implementation, and evaluation. Whereas, Appreciative Inquiry begins with a focus on appreciating and valuing the best of what is, then envisioning what might be, followed by dialogue about what should be. In the final loop, there is innovation in the organization’s system change.

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As the complex healthcare delivery system dynamically evolves, personnel should remain the focus as the most important resource in the delivery of safe and quality patient care. Appreciative Inquiry supports the collaboration of our think tank invitees in the creation of a new culture. How can educational and academic institutions adequately prepare safe entry-level healthcare providers in the middle of a paradigm shift? How is competency evaluated throughout one’s career? How do learning outcomes match new competency standards? If evidence-based decision-making is an imperative for clinical care, should we not demand that evidence-based learning is also a moral imperative?
Educational systems can also be described as hierarchical, individualistic, fragmented, and bureaucratic. If education is integral to promoting a culture of safety, then challenging the established culture of academics might be another aspect in bridging the gap between safety and competency. Additional systems in need of examination are those regulating the professions. Professionals in healthcare include physicians, nurses, pharmacists, physical and occupational therapists, along with a cadre of other licensed, degreed, or certified workers. Not only do fragmentation and isolation exist within these professions, but appreciation and collaboration have been rarely implemented or evaluated across the myriad of disciplines. What initiatives support collaboration across professions and occupations in maximizing patient safety?

The characteristics of effective collaboration (IOM, 2004) are: shared understanding of goals and roles, effective communication, shared decision-making, and conflict management. These characteristics are built upon the foundational concepts of individual clinical competence as well as mutual trust and respect. Collaboration is often thwarted by poor communication; the “isms” of race, class, gender or age; individual incompetence; professional hierarchy; lack of time for planning or evaluating; inadequate staffing; or unilateral decision-making. What other barriers can you identify that inhibit effective interdisciplinary collaboration?

If we believe that competency is a precursor to collaboration, then a philosophical question to be explored is: How is competency assessed and evaluated? A variety of avenues for competency validation include: educational accreditation, licensure, certification, and organizational accreditation (D’Alfonso & Moss, 2005). To date, most educational validation techniques are based on individualistic assumptions. Examinations, portfolios, didactic continuing education lectures, software, as well as literature focus on individual abilities. When clinical competency focuses only on individual attributes, how are interdisciplinary communication and professional collaboration evaluated? Other areas to explore for competency development and assessment are structured clinical scenarios, observation, peer
evaluations, simulations, reinforcement tools, and patient surveys. However, research and evidence are necessary to demonstrate that evaluation methods of clinical competency truly reflect the abilities and characteristics of safe healthcare providers working in collaboration.

The Citizens Advocacy Center (CAC) is committed to supporting competency development and assessment for all healthcare professionals. Some provocative questions to reflect upon are:

- What is competence?
- Compare and contrast competence and incompetence.
- What is the correlation between competence, performance and patient outcomes?
- What are valid measures of competence?
- What competency models and competency assessment models exist?
- How does the workplace contribute to competence (positively and negatively)?
- What is the relationship between regulatory discipline and incompetence?
- What is the relationship between competence and hospital and other health system privileging and credentials?
- Does remedial education result in improved competence?
- How does education affect competence vs. workplace training?
- What is the relationship between competence and complacency?
- Is competency validation intrinsically or extrinsically motivated?
- What technologies most efficiently enhance competence?

When clinical competency focuses only on individual attributes, how are interdisciplinary communication and professional collaboration evaluated?

Professional competency is contextually embedded in a discipline’s practice. Dreyfus and Dreyfus have identified a model containing five levels of skill acquisition. These levels build upon experience and situational engagement. The Model of Skill Acquisition has been applied to nursing (Benner, 1984; Benner & Wrubel, 1989) and medicine. The Accreditation Council for Graduate Medical Education has used the model in developing accreditation criteria (Batalden, Leach, Swing, Dreyfus & Dreyfus, 2002). The model purports that there are three changes in learner development as the novice moves to advanced
beginner, then to competency, proficiency, with some individuals becoming experts. Experience enables us to move from context-free rules to reliance on past experience. Experience removes us as detached observers to active and engaged participants. Further, our perspectives evolve from discrete aspects or rules to a holistic and intuitive grasp of the situation able to distinguish the relevant from the irrelevant features of the context before us.

As change is being contemplated in healthcare and education, it is important to integrate technological advances. However, in the article by Wears & Berg (2005) entitled *Computer Technology and Clinical Work: Still Waiting For Godot*, the authors warn us that the clinical environment is a complex environment where technology, people, and organizational culture dynamically interact. We are warned that organizations are simultaneously social and technical. The social dynamics include the diversity of workers and patients who rely on values, norms and rules, whereas the technical aspects of our environment are built upon tools, equipment, procedures, technology, and facilities. These systems of social and technical elements are interdependent and inter-related. It is important to realize that new technology changes work practices, which in turn change how technology is used, circling back to how technology again changes work practices. Examples of technology on the clinical horizon are auto patient identification utilizing bar coded wristbands and fingerprint scans. Some companies are combining patient-staff identification, document management, medication administration, infusion safety, specimen collection and lab identification. [http://www.findarticles.com/p/articles/mi_m0bpc/is_1_29/ai_n8708446/print Accessed on 5/18/05]. Emergence of picture archiving communications systems (PACS) is another initiative assumed to improve efficiency and patient safety.[http://www.psqh.com/janfeb05/pacs.html]. As new technology is integrated in healthcare, will healthcare professionals need to be technically competent as a prerequisite for professional competence?

As new technology is integrated in healthcare, will healthcare professionals need to be technically competent as a prerequisite for professional competence?

Therefore, implementation of new technology demands a complex organizational change and the problems of technology cannot be solved or resolved by examining the tool outside of the social system of healthcare or education. Clinical work is interpretive, situational, collaborative, reactive, and
interruptive. Traditionally, professions have developed competency assessments based on determining what knowledge, skills, and abilities are needed to perform at a minimal level on the job. While this approach has provided the basis for psychometrically sound assessments, there has been and continues to be concern that assessing what a person does is not as true a reflection of the competencies needed as assessing how a person makes decisions about what to do.

To address this concern, a new methodology called Evidence-Centered Design (ECD) has been developed. Created at Educational Testing Service, ECD answers 4 questions:

1. Who is being assessed and what will be declared as a result?
2. What proficiencies must be measured to make appropriate decisions and what are the claims to be made from the assessments?
3. How will evidence of these proficiencies be recognized?
4. What practical situations can be used to elicit the kind of evidence needed to validate the proficiencies in down-to-earth ways that can be employed to create and maintain assessments that meet the desired claims? (Williamson, Mislevy & Almond, 2004)

Technology is changing more rapidly than the healthcare system and will definitely influence workplace practices, competency development and assessment. Technology may enhance patient safety by promoting an awareness of a safe work environment, encouraging collaboration, and integral in developing and assessing competency of providers. ECD offers the potential for creating innovative assessments that are more specifically targeted to real-world work experiences.

Additional innovations in technology teaching, learning and assessment include projects such as the Multi-User Virtual Environment Experiential Simulator (MUVEES) (http://www.gse.harvard.edu/~dedech/muvees/). This is a complex virtual simulation that enables students to learn experimental design by engaging in the analysis of a virtual city. Content from biology, ecology, and history are learned and assessed via reading, writing, collaboration and computer literacy.

Healthcare has a multitude of opportunities for a variety of simulation experiences linked to competence assessment (http://www.simdot.org). Ziv, Wolpe, Small & Glick (2003) purport that healthcare has not used simulation-based training as in other high-hazard professions such as nuclear power, aviation, and the military due to cost, lack of evidence for effectiveness, and resistance to change. As Dreyfus and Dreyfus have identified, novices experience significant performance anxiety, are rule governed, and
cannot multi-task in a complex environment. Therefore, the use of simulation protects patients from errors and facilitates the bridge from textbook theories to real-world application. No matter how experienced a person, learning from errors is a powerful aspect of improving expertise. Simulation enables the errors to not adversely impact a patient’s health status. Additional benefits include the ability to experience rare events, ability to repeat standardized procedures and experiences, and observe a variety of outcomes from a variety of actions. Simulation is an appropriate avenue for evaluating competency and collaboration among healthcare professionals (Beyea & Kobokovich, 2004).

Videoconferencing facilitates the globalization of information and may enhance the capabilities of simulation for competency evaluation. Various integrations of technology support such as browser technology, platform-independent transmission protocols, and media-capable features of interactivity also facilitate distance learning. E-learning can be synchronous or asynchronous and combines three components (www.eLearningguild.com). These components include: learning objects (specific content), metadata (data management that define attributes and characteristics) and competency models (evidence-based template to assemble the learning objects and metadata). The hopes of improved technology leading to improved patient outcomes are assumed. The association between E-learning, patient safety, and provider competence must also be measured for evidence in meeting stated goals and outcomes.

Building the bridge between competency development and assessment and patient safety will require collaboration and creativity. It also entails exploring the vision of the future recognizing the current challengers and barriers, as well as identifying appropriate strategies and actions to achieve the vision. It is imperative that action is taken now to keep our patients safe.

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**RELATED WEBSITES**

**Accreditation Council for Graduate Medical Education.** [www.acgme.org](http://www.acgme.org)

The Accreditation Council for Graduate Medical Education (ACGME) is a private, non-profit council that evaluates and accredits medical residency programs in the United States.

The mission of the ACGME is to improve the quality of health care in the United States by ensuring and improving the quality of graduate medical education experiences for physicians in training. The ACGME establishes national standards for graduate medical education by which it approves and continually assesses educational programs under its aegis. It uses the most effective methods available to evaluate the quality of graduate medical education programs. It strives to improve evaluation methods and processes that are valid, fair, open, and ethical. In carrying out these activities the ACGME is responsive to change and innovation in education and current practice, promotes the use of effective measurement tools to assess resident physician competency, and encourages educational improvement. The ACGME’s member organizations are the American Board of Medical Specialties, American Hospital Assn., American Medical Assn., Association of American Medical Colleges, and the Council of Medical Specialty Societies.

The vision of the ACGME includes that it will:

- Be a source of inspiration, encouragement, support and assistance to all who strive for educational excellence;
- Incorporate educational outcomes into accreditation decisions;
- Be data and evidence driven;
- Encourage the development of core competencies across all disciplines, including knowledge of quality improvement;
- Explore a more comprehensive role in GME policy;
- Become a world leader in accreditation efforts;
- Maintain objectivity and independence while continuing its interorganizational relationships;
- Develop a consultative role and encourage innovation;
- Be the spokesperson for GME.

**Agency for Healthcare Research and Quality** [www.ahrq.gov](http://www.ahrq.gov)

The Agency for Healthcare Research and Quality’s (AHRQ) mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. Information from AHRQ’s research helps people make more informed decisions and improve the quality of health care services. It was created in December 1989 as the Agency for Health Care Policy and Research (AHCRP), a Public Health Service agency in the Department of Health and Human Services (HHS). Reporting to the HHS Secretary, the Agency was reauthorized on December 6, 1999, as the Agency for Healthcare Research and Quality.

AHRQ sponsors and conducts research that provides evidence-based information on health care outcomes; quality; and cost, use, and access. The information helps health care decisionmakers—patients and clinicians, health system leaders, purchasers, and policymakers—make more informed decisions and improve the quality of health care services.
AHRQ’s strategic goals reflect the needs of its customers. These goals are to:

• Support improvements in health outcomes.
• Strengthen quality measurement and improvement.
• Identify strategies that improve access, foster appropriate use, and reduce unnecessary expenditures.

In addition the 1999 reauthorizing legislation directs AHRQ to:

• Improve the quality of health care.
• Promote patient safety and reduce medical errors.
• Advance the use of information technology for coordinating patient care and conducting quality and outcomes research.
• Establish an Office of Priority Populations.

AHRQ also provides PSNet – Patient Safety Network – a national patient safety resources (www.psnet.ahrq.gov). This is a continuously updated, annotated, and carefully selected collection of patient safety news, literature, tools and resources.

As part of their online journal, AHRQ also provides a compendium of articles describing the accomplishments of federally funded programs in understanding medical errors and implementing programs to improve patient safety the past five years. Advances in Patient Safety: From Research to Implementation describes what federally funded programs have accomplished in understanding medical errors and implementing programs to improve patient safety over the last 5 years. This compendium is sponsored jointly by the Agency for Healthcare Research and Quality (AHRQ) and the Department of Defense (DoD)-Health Affairs.

The 140 articles in the 4-volume set cover a wide range of research paradigms, clinical settings, and patient populations. Where the research is complete, the findings are presented; where the research is still in process, the articles report on its progress. In addition to articles with a research and methodological focus, the compendium includes articles that address implementation issues or present useful tools and products that can be used to improve patient safety.

**American Association of Colleges of Nursing**  www.aacn.nche.edu

The American Association of Colleges of Nursing (AACN) is the national voice for America’s baccalaureate-and higher-degree nursing education programs. AACN’s educational, research, governmental advocacy, data collection, publications, and other programs work to establish quality standards for bachelor’s- and graduate-degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate education, research, and practice in nursing—the nation’s largest health care profession.

**American Association of Healthcare Consultants**  www.aahc.net

Founded in 1949, the American Association of Healthcare Consultants (AAHC) is the professional membership society for leading healthcare consultants and consulting firms. The mission of the AAHC is to serve as the preeminent credentialing, professional, and practice development organization for the healthcare consulting profession; to advance the knowledge, quality, and standards of practice for consulting to management in the healthcare industry; and to enhance the understanding and image of the healthcare consulting profession and Member Firms among its various publics.
The purpose of the AAHC is to:

• attract qualified firms and individual firms and individual consultants across a broad range of services in the healthcare industry;
• promote qualified firms in a broad range of recognized services;
• provide a mechanism for recognizing individual achievement in multiple fields of consultation and at appropriate levels commensurate with one’s education, documented experience, professional practice, and demonstrated ability;
• enhance and improve state-of-the-art consulting healthcare;
• provide a forum in which firms and individuals can develop skills, services and networking opportunities from interacting professionally and socially with a multi-disciplinary peer group;
• develop and maintain professional standards for healthcare consultants and to evaluate individual professional competence in recognized areas of consultation on the basis of those standards;
• establish and enforce a Code of Ethics and Standards of Conduct for Member Firms and Individual Members and to promote the highest possible standards of healthcare consultation; and
• undertake educational, services and research activities which would benefit the AAHC, its members or the field of healthcare consultation.

American Association of Nurse Anesthetists  www.aana.com

Founded in 1931, the American Association of Nurse Anesthetists (AANA) is the professional association representing more than 30,000 Certified Registered Nurse Anesthetists (CRNAs) nationwide. The AANA promulgates education, and practice standards and guidelines, and affords consultation to both private and governmental entities regarding nurse anesthetists and their practice. The AANA Foundation supports the profession through award of education and research grants to students, faculty and practicing CRNAs.

The AANA developed and implemented a certification program in 1945 and instituted mandatory recertification in 1978. It established a mechanism for accreditation of nurse anesthesia educational programs in 1952, which has been recognized by the U.S. Department of Education since 1955. In 1975, the AANA was a leader among professional organizations in the United States by forming autonomous multidisciplinary councils with public representation for performing the profession’s certification, accreditation, and public interest functions. Today, the CRNA credential is well recognized as an indicator of quality and competence.

American Board of Medical Specialties  www.abms.org

The American Board of Medical Specialties (ABMS), a not-for-profit organization comprising 24 medical specialty boards, is the pre-eminent entity overseeing physician certification in the United States. For more than 70 years, ABMS’ mission has been to maintain and improve the quality of medical care by assisting its Member Boards in developing and implementing educational and professional standards to evaluate and certify physician specialists. Through its coordination of Member Board activities, ABMS also serves as a unique healthcare industry influencer, bringing focus to issues involving specialization and certification in medicine. ABMS is recognized by the key healthcare accreditation organizations as a primary equivalent source of board certification data on medical specialists for credentialing purposes. ABMS resources include conferences, textbooks, brochures, handbooks and directories regarding certification and evaluation.

American Board of Nursing Specialties  www.nursingcertification.org

ABNS is a not-for-profit organization with two arms - a Membership Assembly and an Accreditation Council. Each is governed by elected representatives. ABNS is an advocate for consumer protection by
establishing specialty nursing certification. Member organizations of ABNS represent over a half million certified registered nurses around the world. Supported by funding from the Macy Foundation, ABNS was incorporated in 1991 after three years of dialogue within the nursing community to create uniformity in nursing certification and to increase public awareness of the value of quality certification to health care.

Certification, as defined by ABNS, is the formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes. Specialty nursing certification is THE standard by which the public recognizes quality nursing care. ABNS:
- promotes the value of specialty nursing certification to all stakeholders
- is the authoritative resource and voice for issues of specialty nursing certification
- provides a mechanism for accreditation and recognition of quality specialty nursing certification programs
- promotes research activities to advance knowledge regarding specialty nursing certification.

American Board of Perianesthesia Certification, Inc  www.cpancapa.org

The American Board of Perianesthesia Nursing Certification, Inc., (ABPANC) is a not-for-profit corporation established in 1985 by the American Society of PeriAnesthesia Nurses (ASPAN) for the purpose of sponsoring a certification program for registered nurses caring for patients who have experienced anesthesia. They sponsor two certification programs for qualified Registered Nurses: the CPAN® program (Certified Post Anesthesia Nurse) and the CAPA® program (Certified Ambulatory Perianesthesia Nurse). ABPANC’s activities and projects are focused on achieving its mission vision and mission.

ABPANC’S vision is recognizing and respecting the unequaled excellence in the mark of the CPAN and CAPA credential, perianesthesia nurses will seek it, managers will require it, employers will support it and the public will demand it. Its mission is to assure a certification process for perianesthesia nurses that validates knowledge gained through professional education and experience, ultimately promoting quality patient care.

Its organizational values include:
- Excellence - Promotion of excellence in perianesthesia patient care is the driving force behind ABPANC’s existence, contributing to quality patient care.
- Integrity - ABPANC values integrity as a commitment to a fair certification process.
- Innovation - ABPANC values innovation as an integral part of continual learning, development and improvement within its sphere of influence.
- Dedication - Dedication is reflected in the celebration of perianesthesia nursing and the certified perianesthesia nurse.

American College of Surgeons  www.facs.org

The American College of Surgeons is a scientific and educational association of surgeons that was founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice. At its February 2005 meeting, the ACS Board of Regents approved:

Certification/Accreditation
Funding for the infrastructure to support verification, certification, and accreditation activities within the Division of Education. National trends impacting surgical practice and surgical education include intense focus on surgical competence, surgical outcomes, and patient safety. The need to verify, certify, and accredit individuals, educational programs, and educational systems is an integral component of these trends.
Initial planning for an ACS Accreditation Center is under way. Noting that this is one of the College’s major priorities, the Executive Committee of the Board of Regents discussed and approved the formation of a task force to review the creation of an ACS Accreditation Process.

**E-learning**
Funding for a demonstration project involving development of an e-learning module to support practice-based learning and improvement. The purpose of the project will be to define the characteristics and standards in e-learning important for authoring modules, to evaluate the educational impact and use of the module, and to create a framework for designing multiple e-learning modules and integrating them with other e-learning resources.

**Patient Safety**
ACS has released its new publication, “Surgical Patient Safety: Essential Information for Surgeons in Today’s Environment.” The 200-page publication offers guidance and leadership in evolving areas of patient safety, such as human factors, error detections and decision support. For more information, go to www.facs.org/commerce/2004/catsplash.html.

**American Group Psychotherapy Association** [www.agpa.org](http://www.agpa.org)

Founded in 1942, the American Group Psychotherapy Association (AGPA) is a multi-disciplinary organization dedicated to advancing knowledge, research, and training in group psychotherapy to benefit the client/patient population. The Association is committed to:

- Promoting quality group psychotherapy care as a primary method of treatment that is clinically sound, cost-effective, and accessible;
- Advancing group psychotherapy training and research;
- Providing a network of peer support that serves the professional needs of group practitioners; and
- Advocating for quality care on behalf of its members, clients/patients and the public.

AGPA serves as the national voice specific to the interests of group psychotherapy. Its 3,000+ members and 31 Affiliate Societies provide a wealth of professional, education, and social support for group psychotherapists in the United States and abroad. AGPA is an active participant in the Mental Health Liaison Group, a consortium of mental health organizations which cooperates on public information and legislative initiatives. As part of its work with the Mental Health Liaison Group, AGPA:

- supports consumer protection legislation (Bill S.1890) for those enrolled in managed care;
- supports confidentiality protections for all healthcare conditions, particularly mental illness;
- endorses legislative and regulatory initiatives to increase appropriations for mental and behavioral healthcare research funding;
- promotes the recognition of group psychotherapy as a core mental health service and credentialing of group psychotherapists;
- consults with accrediting organizations such as the National Committee for Quality Assurance regarding the inclusion of behavioral healthcare standards into their review standards.

**American Nurses Credentialing Center** [www.ana.org](http://www.ana.org)

The American Nurses Association (ANA) established the ANA Certification Program in 1973 to provide tangible recognition of professional achievement in a defined functional or clinical area of nursing. The American Nurses Credentialing Center (ANCC) became its own corporation, a subsidiary of ANA in 1991. More than 150,000 nurses throughout the U.S. and its territories in 40 specialty and advanced practice areas of nursing carry ANCC certification. While the role for nurses continues to evolve, ANCC
has responded positively by the re-conceptualization of certification and Open Door 2000, a program that enables all qualified registered nurses, regardless of their educational preparation to become certified in any of five specialty areas: Gerontology, Medical-Surgical, Pediatrics, Perinatal and Psychiatric and Mental Health Nursing.

To accomplish its mission, ANCC:
• Certifies healthcare providers,
• Accredits educational providers, approvers, and programs,
• Recognizes excellence in nursing and healthcare services,
• Educates the public, and collaborates with organizations to advance the understanding of credentialing services, and
• Supports credentialing through research, education, and consultative services.

American Organization of Nurse Executives  www.aone.org

Founded in 1967, the American Organization of Nurse Executives (AONE), a subsidiary of the American Hospital Association, is a national organization of nearly 4,000 nurses who design, facilitate, and manage care. Its mission is to represent nurse leaders who improve healthcare. AONE members are leaders in collaboration and catalysts for innovation. AONE’s vision is “Shaping the future of healthcare through innovative nursing leadership.”

Continuing education is one of AONE’s core businesses, providing a variety of opportunities for aspiring nurse leaders, nurse managers/directors, nurse executives and senior nurse leaders. AONE’s annual meeting offers nurse leaders excellent opportunities to learn from colleagues and to benefit from a variety of general session speakers and panel presentations on cutting edge issues. AONE’s smaller face-to-face meetings and audio-web conferences address focused topics featuring speakers such as Fred Lee, or other particular leadership development needs. Education opportunities are developed by the members of the education committee, in concert with the AONE Board of Directors and the AONE staff.

American Society of Anesthesiologists  www.asahq.org

The American Society of Anesthesiologists is an educational, research and scientific association of physicians organized to raise and maintain the standards of the medical practice of anesthesiology and improve the care of the patient. Since its founding in 1905, the Society’s achievements have made it an important voice in American Medicine and the foremost advocate for all patients who require anesthesia or relief from pain.

ASA is one of the pioneers in the field of patient safety in medicine. Although it is generally agreed that anesthesia is safer than it has ever been, improvement is always possible. Through ASA’s Committee on Patient Safety and Risk Management, the Society provides education, training, applications of current and developing technologies and the acquisition of new knowledge about the causes and prevention of mishaps.

The Society has developed a series of videotapes which provide important information on current trends in patient safety techniques. ASA was instrumental in founding the Anesthesia Patient Safety Foundation and continues to heavily support the Foundation’s activities.

American Society for Healthcare Risk Management  www.ashrm.org

Established in 1980, the American Society for Healthcare Risk Management (ASHRM) is a personal membership group of the American Hospital Association with more than 4,600 members representing health care, insurance, law and other related professions.
ASHRM promotes effective and innovative risk management strategies and professional leadership through education, recognition, advocacy, publications, networking and interactions with leading health care organizations and government agencies. Its vision is safe and trusted health care.

ASHRM initiatives focus on developing and implementing safe and effective patient care practices, the preservation of financial resources and the maintenance of safe working environments.

ASHRM’s education programs and specialty seminars can help you understand, develop and implement an effective risk management plan. ASHRM programs are designed and taught by practicing health care risk management professionals from a variety of backgrounds, offering up-to-date information on the latest issues and techniques.

**Anesthesia Patient Safety Foundation  [www.apsf.org](http://www.apsf.org)**

The mission of the Anesthesia Patient Safety Foundation (APSF) is to ensure that no patient shall be harmed by anesthesia. The purposes of APSF are to: foster investigations that will provide a better understanding of preventable anesthetic injuries; encourage programs that will reduce the number of anesthetic injuries; and promote national and international communication of information and ideas about the causes and prevention of anesthetic morbidity and mortality.

A cardinal goal of APSF is to communicate and to disseminate information about issues of anesthesia safety. The APSF Newsletter, published quarterly, has a readership of over 60,000. In addition to anesthesiologists and nurse anesthetists, the distribution includes the nation’s risk managers, the Board of Governors of the American College of Surgeons, the liability insurance industry, pharmaceutical companies, medical device manufacturers, the Joint Commission, the FDA, and, far from least, congressional staffers responsible for health care information.

A second area of uniqueness is the research grant program. Again, the APSF goal states: “To foster investigations that will provide a better understanding of preventable anesthetic injuries.” APSF promotes research in anesthesia safety by awarding four or five grants of up to $65,000 per year. Other areas of study supported by research grants have included the effect of fatigue on resident performance, intra-operative carbon monoxide levels, cerebral ischemia thresholds, and factors affecting intra-operative vigilance. To date, APSF has awarded almost two million dollars in support of such research. One of the most successful projects begun with the help of this grant program has been the development, and ultimate commercial availability, of anesthesia simulators.

APSF is gratified by the recognition it has received in the Institute of Medicine’s report entitled, “To Err is Human,” which recognizes APSF’s leadership in the cause of patient safety. Further, The Agency for Health Care Research and Quality (AHRQ) has enlisted APSF’s assistance in developing a National Center for Patient Safety. APSF recognizes that there is still much work to be done, and looks forward to continuing its programs on behalf of all patients who require perioperative care.

**Appreciative Inquiry Commons  [www.appreciativeinquiry.cwru.edu](http://www.appreciativeinquiry.cwru.edu)**

“AI Commons” is a worldwide portal devoted to the fullest sharing of academic resources and practical tools on Appreciative Inquiry and the rapidly growing discipline of positive change. This site is a resource for leaders of change, scholars, students, and business managers—and it is proudly hosted by Case Western Reserve University’s Weatherhead School of Management.

In the years since the original theory and vision for “Appreciative Inquiry Into Organizational Life” was articulated by two professors at the Weatherhead School of Management (see David Cooperrider and Suresh Srivastva, 1987) there have been literally hundreds of people involved in co-creating new concepts...
and practices for doing AI, and for bringing the spirit and methodology of AI into organizations all over the world. Commenting on her assessment of AI’s uniqueness, a senior executive at one company recently said: “I know what AI is about...it is about creating a positive revolution in change”. And in words that echo the same thing, University of Michigan Professor Robert Quinn, in his acclaimed book *Change the World* writes: “Appreciative Inquiry is currently revolutionizing the field of organizational development.”

**Association of periOperative Registered Nurses**  [www.aorn.org](http://www.aorn.org)

AORN is the professional organization of perioperative registered nurses whose mission is to support registered nurses in achieving optimal outcomes for patients undergoing operative and other invasive procedures. AORN promotes quality patient care by providing its members with education, standards, services, and representation. AORN is composed of 40,000 perioperative registered nurses in approximately 6,700 hospitals and 3,500 ambulatory surgery centers in all 50 states and around the world. These nurses work on the front lines, caring for patients from pre-surgery through surgery and recovery, so no one is better qualified or has the capacity to advocate for and ensure patient safety in the surgical setting. AORN offers online education, including PNDS, Patient Safety in the OR, Ambulatory Surgery Administrator Certificate Program, preparing for the CNOR exam, and various continuing education activities.

AORN and Sandel Medical Industries also conduct The Patient Safety First ([www.patientsafetyfirst.org](http://www.patientsafetyfirst.org)) program as part of AORN’s broader patient safety initiative. It develops new guidelines related to patient safety issues (such as medication safety and correct site surgery) and helps health care professionals ensure that best practices are followed. Patient Safety First Program Goals are to:

- Make AORN a leader in perioperative patient safety.
- Offer a forum for dialogue among all members of the perioperative team
- Provide system solutions:
  - Designed with safety as the first priority, and
  - For use in clinical environments.

**Association of Surgical Technologists**  [www.ast.org](http://www.ast.org)

Since 1969 the Association of Surgical Technologists has sought to bring together surgical technologists and other healthcare professionals and organizations to promote quality patient care by developing educational programs, promoting professional standards and credentials, providing a forum for the exchange of ideas, monitoring the changing healthcare environment, and fostering other opportunities for the personal and professional growth of all surgical technologists and surgical assistants.

Certification as a surgical technologist or first assistant provides evidence to employers, other health care professionals, and the public that the certified individual has met the national standard for the knowledge that underlies surgical technologist and first assistant practice. Certified individuals demonstrate mastery of a broad range of knowledge of surgical procedures, aseptic technique, and patient care by successfully completing either the surgical technologist or first assistant certifying examinations.

**Center for Medical Consumers**  [www.medicalconsumers.org](http://www.medicalconsumers.org)

The Center for Medical Consumers, a non-profit advocacy organization, was founded in 1976 to encourage people to consider the supporting research when making medical treatment decisions. Too often long-term proof of safety and effectiveness is lacking, even for the most commonly recommended drugs, screening tests, and surgical procedures. The Center has chosen to concentrate its efforts on hospital patient safety and informing the public about the harms associated with excessive medical care. We are entirely
supported by private contributions, newsletter subscriptions and reprint rights, and the generous support of the Judson Memorial Church.

The Center for Medical Consumers is active in both statewide and national efforts to improve the quality of health care. We participate in several New York State task forces and workgroups charged with this mission. As part of this commitment, we have led efforts to:

- Make sure that health care institutions and health professionals are held responsible for patient safety and the quality of care they provide through strong enforcement of laws and regulations;
- Open up public access to all available information about doctor- and hospital-specific performance;
- Hold medicine to the highest standard of scientific evidence;
- Critique the misleading drug ads directed at physicians and consumers;
- Push for a greater consumer voice in decision-making that affects the quality of care;
- Require that managed care organizations’ treatment decisions can be appealed to independent medical experts.

**Center for Studies in Clinical Excellence**  [www.uchsc.edu/csce](http://www.uchsc.edu/csce)

The Center for Studies in Clinical Excellence is a full service health professions performance assessment and education center specializing in the use of standardized patients and clients. Standardized patients or SPs, are individuals recruited to simulate medical scenarios to individuals or groups of target learners. Standardized patients are of all ages and backgrounds and undergo careful training to simulate medical scenarios in a realistic, standardized, accurate, and reliable manner.

The mission of CSCE is the following:

- To assess health care professionals’ knowledge, skills and behaviors related to their future or current practice based on a set of principles
- To contribute to all health professions education by developing and expanding evaluation efforts
- To conduct research and contribute to new knowledge on cutting edge educational and evaluation methods.

Its motto is:

- **P**racticality
- **A**ccountability
- **I**nnovation
- **R**eflection

CSCE pairs with its clients to meet the specific needs in performance assessment and education of the learners.

**Citizen Advocacy Center**  [www.cacenter.org](http://www.cacenter.org)

The Citizen Advocacy Center (CAC), Washington, D.C., provides training, research, conferences and networking for health care institutions’ public members and consumer representatives. These institutions include professional licensing boards, Quality Improvement Organizations, certifying agencies, and other health care oversight bodies. Created in the mid-1980s, CAC incorporated in January, 1994 as a not-for-profit 501(c)(3) organization. One of CAC’s priority projects includes the action plan “Roadmap to Continuing Competence” (released in April 2004) for institutionalizing continuing competency assessment and assurance for all health care professionals.
The Commission on Graduates of Foreign Nursing Schools (CGFNS) and the International Commission on Healthcare Professions (ICHP) is an immigration-neutral, nonprofit organization and is an internationally recognized authority on education, registration, and licensure of nurses and other healthcare professionals worldwide. CGFNS/ICHP protects the public by ensuring that nurses and other healthcare professionals educated in countries other than the United States are eligible and qualified to meet licensure, immigration and other practice requirements in the United States.

Protecting the public and helping foreign healthcare professionals succeed throughout its history; CGFNS has demonstrated its commitment to excellence and quality in the healthcare arena and to fostering equitable treatment of healthcare professionals. Today, CGFNS/ICHP’s mission is to protect the public by assuring the integrity of health professional credentials in the context of global migration. As an internationally recognized authority on the education, registration and licensure of nurses and other healthcare professionals worldwide, CGFNS/ICHP provides products and services that validate international professional credentials and enhance international regulatory and educational standards for healthcare professionals.

The CGFNS mission is to protect the public by assuring the integrity of health professional credentials in the context of global migration. The mission of CGFNS focuses on four key objectives:

1. To develop and administer a predictive testing and evaluation program for foreign-educated nurses
2. To provide a credentials evaluation service for foreign-educated and/or foreign born health care professionals
3. To serve as a clearinghouse for information on international nursing education and licensure
4. To conduct and publish studies relevant to foreign-educated nurses.

The Competency & Credentialing Institute (CCI) is the new, registered name for the Certification Board Perioperative Nursing (CBPN), leaders in competency, credentialing, assessment and education since 1979. CCI’s products and services include CNOR and CRNFA credentialing for OR nurses, as well as competency assessment modules, study guides, and consulting for the healthcare arena. We have brought the CNOR and CRNFA credentials to the surgical nursing community for the last 25 years.

ECRI (formerly the Emergency Care Research Institute) is a nonprofit health services research agency. Its mission is to improve the safety, quality, and cost-effectiveness of healthcare. It is widely recognized as one of the world’s leading independent organizations committed to advancing the quality of healthcare. Starting as an evaluator of medical technologies, ECRI now plays a major role in healthcare policy and research and clinical guideline development. ECRI maintains close working relationships with the European Union, the U.S. Food and Drug Administration, the Pan American Health Organization, the World Health Organization, and ministries of health, medical device regulatory agencies, and healthcare organizations throughout the world. It is a participant in the Global Medical Device Harmonization effort.
ECRI’s services alert readers to technology-related hazards; disseminate the results of medical product evaluations and technology assessments; provide expert advice on technology acquisitions, staffing, and management; report on hazardous materials management policy and practices; and supply authoritative information on risk control in healthcare facilities and clinical practice guidelines and standards. As part of its mission to promote the highest standards of safety and quality in healthcare, ECRI provides public access to a few of their patient safety resources. Some of the reports and risk analyses are derived from their membership services, including the Healthcare Risk Control (HRC) System and Health Devices Alerts.

**e-Learning Guild  [www.elearningguild.com](http://www.elearningguild.com)**

The eLearning Guild TM is a Community of Practice for designers, developers, and managers of e-Learning. Through this member driven community we provide high-quality learning opportunities, networking services, resources, and publications. Community members represent a diverse group of instructional designers, content developers, web developers, project managers, contractors, consultants, and managers and directors of training and learning services who work in corporate, government, and academic organizations. All members share a common interest in e-Learning design, development, and management.

*Leadership.* The eLearning Guild draws leadership from an Advisory Board made up of individuals who provide insight and guidance to help ensure that The eLearning Guild serves its constituency well.


*Guild Research.* The eLearning Guild conducts continuous polls and more than a dozen surveys and studies each year. Anyone can contribute to polls, surveys and studies.

*Resource Directory.* The eLearning Guild has built the e-Learning industries most robust and comprehensive resource management system. The Resource Directory enables you to search for e-Learning industry resources in over 40 categories and by keywords. All Guild Members can post up to 20 resources to the directory (which are live on the internet instantly) and can then maintain or update their resources at any time.

*Info Exchange.* The Info Exchange is designed to provide Guild Members and Associates with a mechanism for asking questions of, and getting feedback from, other Guild Members and Associates around the world.

*Proceedings.* The eLearning Guild organized several symposia and conferences each year. If you attend one of these events, you have immediate access to all event proceedings immediately following the event. If you do not attend, as a Guild member you will still have access to all the proceedings 90 days after the event ends.

**Federation of State Medical Boards  [www.fsmb.org](http://www.fsmb.org)**

The Federation of State Medical Boards of the United States, Inc., was founded in February 1912, as the result of a merger between the National Confederation of State Medical Examining and Licensing Boards (established in 1891) and the American Confederation of Reciprocating Examining and Licensing Boards (established in 1902). Before their merger, reports and recommendations by these organizations influenced the unification of preliminary medical education, prompted general adoption of full high school training as a requirement for medical school admission (which grew into the one- and two-year premedical college requirement), encouraged unifying courses of study in medical schools, encouraged a standard medical curriculum and urged minimum equipment for all medical college departments.
Its mission is the continual improvement in the quality, safety, and integrity of health care through the development and promotion of high standards for physician licensure and practice. Its core values are:

- Public Protection and Accountability
- Leadership and Service
- Excellence

As the clearinghouse, forum and representative body for state medical boards, the Federation occupies a unique position of responsibility. At the direction of its member medical boards and on behalf of the people they serve, it continues to make significant contributions to the effectiveness and integrity of medical licensing and discipline systems, the essential components guaranteeing medical quality in the United States.

The Federation offers significant educational programming to its membership each year as part of its annual meeting. All aspects of licensure, discipline and related issues are explored during this major educational presentation that addresses challenges facing state medical boards. The Federation’s premier education forum is its Annual Meeting, which includes presentations that address challenges facing state medical boards. An annual regional workshop series focuses on a single topic of interest. The workshops’ goals are to provide a forum through which board members and staff may gain insight into other boards’ operations. Attendees also explore national trends that affect a board’s ability to effectively regulate physicians in their jurisdiction.

**Human Simulation Web Community** [www.simdot.org](http://www.simdot.org)

SimDot is a multi-disciplinary community of individuals involved in Medical Simulation. SimDot was created to speed collaboration and cooperation amongst individuals active in human simulation around the world. The centerpiece of SimDot is the Simulation Library.

The Simulation Library is a multi-disciplinary collection of modules for use in human simulation. The files stored in the library have been peer-reviewed by specialty specific Editorial Boards which strive to ensure the quality of the modules. The true benefit of the Simulation Library comes from its collaborative nature. You are strongly encouraged to upload files of your own creation for the community to use. The currency used in SimDot are the simulations of your own creation.

**Infusion Nurses Certification Corporation** [www.ins1.org](http://www.ins1.org)

The Infusion Nurses Certification Corporation (INCC) exists to benefit and protect the public through assessment, validation, and documentation of the clinical eligibility and continued competency of nurses delivering infusion therapy in all practice settings. INCC supports education and ongoing research, and validates the reliability of credentialing mechanisms and their relationship to clinical practice. INCC promotes recognition of its credentialed nurses and programs to the public, to other healthcare organizations, and to the nursing profession.

**Institute for Healthcare Improvement** [www.ihi.org](http://www.ihi.org)

The Institute for Healthcare Improvement (IHI) is a not-for-profit organization driving the improvement of health by advancing the quality and value of health care. Founded in 1991 and based in Cambridge, Massachusetts, IHI offers comprehensive products and services. IHI is a reliable source of energy, knowledge, and support for a never-ending campaign to improve health care worldwide. The Institute helps accelerate change in health care by cultivating promising concepts for improving patient care and turning those ideas into action.
Patient safety topics include:
- General
- Medication Systems
- Surgical Site Infections

Ongoing programs include:
- Impact Network: IHI's results-driven network for change, providing member organizations with a framework for improving on leadership issues while making breakthrough change on the frontline.
- 100,000 Lives Campaign: The 100,000 Lives Campaign aims to enlist thousands of hospitals across the country in a commitment to implement changes in care that have been proven to prevent avoidable deaths.

Institute for Safe Medication Practices  www.ismp.org

The Institute for Safe Medication Practices (ISMP) is a non profit healthcare agency comprised of pharmacists, nurses, and physicians. Founded in 1994, the organization is dedicated to learning about medication errors, understanding their system-based causes, and disseminating practical recommendations that can help healthcare providers, consumers, and the pharmaceutical industry prevent errors. It is not a governmental, regulatory, licensing, inspecting or accrediting agency. Its mission is to understand the causes of medication errors and provide time-critical error-reduction strategies to the healthcare community, policy makers, and the public.

Over 25 years ago, ISMP started a voluntary error-reporting program to learn about medication errors that were happening across the nation. In 1994, ISMP was chartered as a non profit agency to further this work. Today, the program, called the USP-ISMP Medication Errors Reporting Program (MERP), continues to thrive. Each year, hundreds of healthcare professionals report errors to this program to help learn about errors, understand their causes, and share "lessons learned." All error reports are kept confidential. Other tools developed by ISMP to help healthcare professionals prevent medication errors include:
- publishing three professional newsletters and one consumer newsletter
- conducting educational programs on medication safety issues
- offering posters, videos, patient brochures, books and other drug safety tools
- conducting on-site risk assessments of medication safety in healthcare facilities and responding to sentinel events

Joint Commission on the Accreditation of Healthcare Organizations  www.jcaho.org

The Joint Commission evaluates and accredits more than 15,000 health care organizations and programs in the United States. An independent, not-for-profit organization, the Joint Commission is the nation's predominant standards-setting and accrediting body in health care. Since 1951, the Joint Commission has maintained state-of-the-art standards that focus on improving the quality and safety of care provided by health care organizations. The Joint Commission's comprehensive accreditation process evaluates an organization's compliance with these standards and other accreditation requirements.

The Joint Commission’s Board of Commissioners approved the 2005 National Patient Safety Goals (NPSGs) at its July meeting. The Joint Commission developed program-specific goals for all accreditation programs beginning in 2005 (effective January 1, 2005):
- Ambulatory Care and Office-Based Surgery
- Assisted Living
- Behavioral Health Care
The Future of Learning: Building a Bridge between Competency and Patient Safety

- Critical Access Hospital
- Disease-Specific Care
- Home Care
- Hospital
- Laboratory
- Long Term Care
- Networks

Weaving the Fabric: Strategies for Improving Our Nation’s Health Care

The mission of the Joint Commission is to continuously improve the safety and quality of health care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations. This is a quest without end, and it is focused primarily on health care services as distinguished from the broader initiatives overseen by public health entities. Many foundations, institutes and thought leaders have analyzed the American health care system and have made recommendations regarding its improvement or reengineering. Notable among such efforts are those of the Robert Wood Johnson Foundation, the Kaiser Foundation, the Institute for Health Care Improvement, and most recently, the Institute of Medicine (IOM). The purpose of this paper is to reflect on how current and planned Joint Commission initiatives can be woven together with the goals set forth in the 1999 and 2001 IOM reports to meet the needs of the public, health care professionals, purchasers of care, and provider organizations. Meeting these needs is a critical step toward establishing the health care delivery system that the Joint Commission envisions for the future. One where health care professionals and provider organizations systematically and reliably perform at maximum levels of safety and quality consistent with their potential.

Joint Commission International Center for Patient Safety  www.jcipatientsafety.org

In March 2005, the Joint Commission on Accreditation of Healthcare Organizations and Joint Commission Resources (JCR) announced the establishment of the Joint Commission International Center for Patient Safety, a virtual entity that draws upon the patient safety expertise, resources and knowledge of both the Joint Commission and JCR. The center will provide patient safety solutions to health care organizations worldwide. The mission of the center is: To continuously improve patient safety by providing solutions, processes and procedures that help eliminate preventable adverse events in all health care settings. The Patient Safety Center allows the Joint Commission and JCR to advance the entire continuum of patient safety including system design, product safety, safety of services, and environment of care, as well as offering proactive solutions for patient safety, whether based on empirical evidence, hard research or best practices.

The website, launched April 15, 2005, is designed as a major repository of resources and information about all aspects of patient safety for patients, their families, health care institutions and allied health care professionals, including physicians, nurses and pharmacists. Ultimately, this website will provide numerous practical safety solutions designed to improve overall quality of care and patient safety in a multitude of health care environments—including hospitals, outpatient clinics and offices, long term care facilities, behavioral health centers, and assisted living facilities. For example, the website will provide a database of the most frequent types of reported sentinel events and their root causes; institutional quality performance information; patient safety plans and focused solutions; publications that analyze patient safety challenges; and public education campaigns and public policy issues that impact patient safety.

In addition to centralizing and directing attention to the Joint Commission’s and JCR’s existing and new patient safety-related efforts, the center will become a focal point for additional research and related
efforts to develop and provide patient safety-related solutions. The center will get input, feedback and
guidance from an advisory group of patient safety experts, five global regional advisory councils, strategic
domestic and international partnerships with other patient safety-focused organizations, and a Corporate
Sponsorship Council. New products in development include:
- Annual report on the state of patient safety
- Patient safety facilitator certification program
- Patient safety risk assessment tool
- Patient safety research library
- Team training
- Development of a culture of patient safety
- International web-based risk assessment tool
- Solutions development and system design and redesign

**Medical Group Management Association**  [www.mgma.org](http://www.mgma.org)

The Medical Group Management Association (MGMA), founded in 1926, is the nation’s principal voice for
medical group practice. MGMA’s 19,500 members manage and lead more than 11,500 organizations in
which more than 240,000 physicians practice. MGMA’s mission is to improve the effectiveness of medical
group practices and the knowledge and skills of the individuals who manage/lead them.

MGMA serves the spectrum of physician practices from small to large, plus other health care delivery
systems such as management service organizations, integrated delivery systems and ambulatory surgery
centers. MGMA leads the profession and assists members through information, education, networking and
advocacy. Its core purpose is to improve the effectiveness of medical group practices and the knowledge
and skills of the individuals who manage and lead them.

MGMA operates two related organizations that provide certification and research. The American College
of Medical Practice Executives (ACMPE) is the standard-setting and certification organization for group
practice professionals. The MGMA Center for Research is the research companion to MGMA.

**National Association of Boards of Pharmacy**  [www.nabp.net](http://www.nabp.net)

The National Association of Boards of Pharmacy (NABP) is the only professional association that
represents the state boards of pharmacy in all 50 United States, the District of Columbia, Guam, Puerto
Rico, the Virgin Islands, New Zealand, eight Canadian provinces, two Australian states, and South Africa.

NABP is the independent, international, and impartial association that assists its member boards and
jurisdictions in developing, implementing, and enforcing uniform standards for the purpose of protecting
the public health. Given that medications are an integral part of disease management, medication therapies
and their delivery systems are becoming more complex, technological enhancements have improved the
capabilities for patient monitoring, and entities motivated by economic gain are eroding standards of care,
there is greater potential for harm to the public and a greater need for patients’ medication use to be
managed by a licensed pharmacist and state regulatory agencies to aggressively enforce standards of care.

**National Committee for Quality Assurance**  [www.ncqa.org](http://www.ncqa.org)

The National Committee for Quality Assurance (NCQA) is a private, not-for-profit organization
dedicated to improving health care quality. The organization is frequently referred to as a watchdog for the
managed care industry, but NCQ also recognizes individual doctors and medical groups. Employers and
consumers use information provided by NQA to make more informed healthcare choices.
NCQA’s mission is to improve the quality of health care. They do so by generating useful, understandable information about health care quality to help inform consumer and employer choice. They also work to generate information and feedback that help physicians, health plans and others to identify opportunities for improvement and make changes that enhance the quality of patient care. Its vision is to transform health care quality through measurement, transparency and accountability.

NCQA believes in a collaborative model for improving health care and is committed to building programs that meet the diverse needs of all these groups. Each year, NCQA offers educational seminars to help organizations meet their quality goals, comply with Accreditation or Certification requirements or simply deliver better care and service. Seminars cover a broad range of topics and programs, including NCQA Accreditation and Certification, HEDIS®, credentialing and other areas.

National Council of State Boards of Nursing  www.ncsbn.org

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia, and five United States territories—American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands. NCSBN, composed of Member Boards, provides leadership to advance regulatory excellence for public protection. Its vision is building regulatory expertise worldwide.

The purpose of NCSBN is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

NCSBN’s programs and services include developing the NCLEX-RN® and NCLEX-PN® examinations, performing policy analysis and promoting uniformity in relationship to the regulation of nursing practice, disseminating data related to the licensure of nurses, conducting research pertinent to NCSBN’s purpose, and serving as a forum for information exchange for members.

National League for Nursing  www.nln.org

The history of the National League for Nursing (NLN) dates back to 1893, when the American Society of Superintendents of Training Schools for Nurses is created. This was the first organization for nursing in the United States of America. The society was formed for “the establishment and maintenance of a universal standard of training” for nursing. Ever since that remarkable stroke of courage and spirit over 100 years ago, the NLN has continued to be the leading professional association for nursing education. In 1912, the society was renamed the National League for Nursing Education (NLNE). In 1952, NLNE, the National Organization for Public Health Nursing, and Association for Collegiate Schools of Nursing combine to establish the National League for Nursing (NLN). The organization effectively assumes responsibility for accrediting nursing education programs.

NLN has a clear vision for the year 2018 (its 125th anniversary) as a relevant, viable organization with an unbroken record of leadership in nursing education. Its mission/purpose is to advance quality nursing education that prepares the nursing workforce to meet the needs of diverse populations in an ever-changing health care environment. Its goals include:

- **Goal I: Nursing Education** - setting standards that advance excellence and innovation in nursing education.
- **Goal II: Faculty Development** - promoting the professional growth and continuous quality improvement of faculty and nursing education leaders who prepare the global nursing workforce.
- **Goal II: Faculty Development** - promoting the professional growth and continuous quality improvement of faculty and nursing education leaders who prepare the global nursing workforce.
• **Goal IV: Data Collection** - providing and interpreting data about the nursing workforce supply and the nurse educator workforce.

• **Goal V: Assessment and Evaluation** - develop and provide comprehensive services to the nursing community that evaluate and assess educational outcomes and practice competencies for quality nursing care.

• **Goal VI: Public Policy** - advocate in the public policy arena for all types of academic and lifelong learning programs in nursing.

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**National Organization for Competency Assurance**  [www.noca.org](http://www.noca.org)

Established in 1977, the National Organization for Competency Assurance (NOCA) is the leader in setting quality standards for credentialing organizations. Through its annual conference, regional seminars, and publications, NOCA serves its membership as a clearinghouse for information on the latest trends and issues of concern to practitioners and organizations focused on certification, licensure, and human resource development.

NOCA’s mission is to promote excellence in competency assessment for practitioners in all occupations and professions by:

• Providing expertise and guidance

• Developing and implementing standards for accreditation of certification programs through NCCA (NOCA’s accrediting body)

• Providing educational and networking resources

• Serving as an advocate on certification issues

NOCA’s vision is to:

Establish NOCA as the authority in certification and NCCA as the authority in accreditation of certification programs.

• Educate the general consumer so they understand the value of voluntary certification and recognize the NCCA seal as representative of quality certification programs.

• Enhance quality member benefits and resources so all certification organizations will join NOCA and aspire to NCCA accreditation of their certification programs

• Lead the global transformation to excellence in competency assessment

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**National Patient Safety Foundation**  [www.npsf.org](http://www.npsf.org)

The National Patient Safety Foundation is a non-profit organization. The mission of the National Patient Safety Foundation (NPSF) is to improve the safety of patients. This is accomplished through their efforts to:

• Identify and create a core body of knowledge;
• Identify pathways to apply the knowledge;
• Develop and enhance the culture of receptivity to patient safety;
• Raise public awareness and foster communications about patient safety; and
• Improve the status of the Foundation and its ability to meet its goals.

NPSF can make a long term, measurable difference by serving as a central voice; it will lead the transition from a culture of blame to a culture of safety. NPSF’s vision is that it is the indispensable resource for individuals and organization committed to improving the safety of patients. They believe:

• Patient safety is central to quality health care as reflected in the Hippocratic Oath: “Above All, Do No Harm”.
• Prevention of patient injury, through early and appropriate response to evident and potential problems, is the key to patient safety.
• Continued improvement in patient safety is attainable only through establishing a culture of trust, honesty, integrity and open communications.
• An integrated body of scientific knowledge and the infrastructure to support its development are essential to advance patient safety significantly.
• Patient involvement in continuous learning and constant communication of information between care givers, organizations and the general public will improve patient safety.
• The system of health care is fallible and requires fundamental change to sustainably improve patient safety.

Patient Safety is defined as the prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors. A Healthcare Error is defined as an unintended healthcare outcome caused by a defect in the delivery of care to a patient. Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. NPSF offers conferences, educational programs, membership programs, partnership programs, research programs, and web-based education in various areas of patient safety.

National Quality Forum www.qualityforum.org

The National Quality Forum (NQF) is a private, not-for-profit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting. The mission of the NQF is to improve American healthcare through endorsement of consensus-based national standards for measurement and public reporting of healthcare performance data that provide meaningful information about whether care is safe, timely, beneficial, patient-centered, equitable and efficient.

NQF’s strategic goals include:
1. NQF-endorsed standards will become the primary standards used to measure the quality of healthcare in the United States;
2. The NQF will be the principal body that endorses national healthcare performance measures, quality indicators and/or quality of care standards;
3. The NQF will increase the demand for high quality healthcare;
4. The NQF will be recognized as a major driving force for and facilitator of continuous quality improvement of American healthcare quality.
The specific goals of the NQF are to:

1. Promote collaborative efforts to improve the quality of the nation's healthcare through performance measurement and public reporting;
2. Develop a national strategy for measuring and reporting healthcare quality;
3. Standardize healthcare performance measures so that comparable data is available across the nation (i.e., establish national voluntary consensus standards);
4. Promote consumer understanding and use of healthcare performance measures and other quality information;
5. Promote and encourage the enhancement of system capacity to evaluate and report on healthcare quality.

**Population Services International  www.psi.org**

PSI is a nonprofit organization based in Washington, D.C. that harnesses the vitality of the private sector to address the health problems of low-income and vulnerable populations in 70 developing countries. PSI, with programs in safe water/oral rehydration, malaria, nutrition/micronutrients, family planning and HIV/AIDS, deploys commercial marketing strategies to promote health products, services and healthy behavior that enable low-income and vulnerable people to lead healthier lives. PSI is now the leading nonprofit social marketing organization in the world. It was founded in 1970 to demonstrate that social marketing of contraceptives, managed entirely in the private sector, could succeed under differing circumstances and on different continents. For its first 16 years, PSI worked entirely in family planning (hence the name Population Services International), except for oral rehydration therapy which it started in 1985. PSI's first HIV/AIDS prevention project — which promoted abstinence, fidelity and condoms — began in 1988. PSI entered the areas of malaria and safe water in the mid-1990s.

PSI has an uncommon focus on measurable health impact and attempts to measure its effect on disease and death much like a for-profit measures its profits. In 2004, PSI estimates that its programs directly prevented more than 800,000 HIV infections, 6.1 million unintended pregnancies, 83.6 million malaria episodes and a variety of other health impacts.

**Society for Medical Simulation  www.socmedsim.org**

The Society for Medical Simulation (SMS), was established in January 2004 to represent the rapidly growing group of educators and researchers who utilize a variety of simulation techniques for education, testing, and research in health care. The membership is united by its desire to improve performance and reduce errors in patient care using all types of simulation including task trainers, human patient simulators, virtual reality, and standardized patients. It is a broad-based, multi-disciplinary, multi-specialty, international society with ties to all medical specialties, nursing, allied health paramedical personnel, and industry. The Society for Medical Simulation maintains an expanding collection of resources. Current projects include:

- **SimBlog** - A blog is an on-line journal. SimBlog covers all facets of medical simulation. You can suggest new stories or comment on existing ones.
- **Ask the Wizards** - Have you ever wanted to do something in your simulation center but can’t figure out how? Do you want to see how others have solved problems or modified their equipment? Use the combined wisdom of simulation experts around the world to find a solution.

**The Cochrane Collaboration  www.cochrane.org**

The Cochrane Collaboration is an international non-profit and independent organization, dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide. It produces and disseminates systematic reviews of healthcare interventions and promotes the search for
evidence in the form of clinical trials and other studies of interventions. The Cochrane Collaboration was founded in 1993 and named for the British epidemiologist, Archie Cochrane. The activities of the Collaboration are directed by an elected Steering Group and are supported by staff in Cochrane Entities (Centres, Review Groups, Methods Groups, Fields/Networks) around the world.

The major product of the Collaboration is the Cochrane Database of Systematic Reviews which is published quarterly as part of The Cochrane Library. Those who prepare the reviews are mostly health care professionals who volunteer to work in one of the many Collaborative Review Groups, with editorial teams overseeing the preparation and maintenance of the reviews, as well as application of the rigorous quality standards for which Cochrane Reviews have become known.

The Leapfrog Group for Patient Safety  www.leapfroggroup.org

The Leapfrog Group is an initiative driven by organizations that buy health care who are working to initiate breakthrough improvements in the safety, quality and affordability of healthcare for Americans. It is a voluntary program aimed at mobilizing employer purchasing power to alert America’s health industry that big leaps in health care safety, quality and customer value will be recognized and rewarded. The Leapfrog Group was founded by a small group of large employers, initially supported by the Business Roundtable (BRT) and launched in November 2000. Leapfrog is supported by the BRT, The Robert Wood Johnson Foundation, Leapfrog members and others.

A 1999 report by the Institute of Medicine gave the Leapfrog founders an initial focus – reducing preventable medical mistakes. The report found that up to 98,000 Americans die every year from preventable medical errors made in hospitals alone. In fact, there are more deaths in hospitals each year from preventable medical mistakes than there are from vehicle accidents, breast cancer, and AIDS. The report actually recommended that large employers provide more market reinforcement for the quality and safety of health care. The founders realized that they could take ‘leaps’ forward with their employees, retirees and families by rewarding hospitals that implement significant improvements in quality and safety. Funding to set up Leapfrog came from the Business Roundtable (BRT) and The Leapfrog Group was officially launched in November 2000. Leapfrog is supported by the BRT, The Robert Wood Johnson Foundation, Leapfrog members and others.

The Leapfrog Group’s mission is to trigger giant leaps forward in the safety, quality and affordability of health care by:

• Supporting informed healthcare decisions by those who use and pay for health care; and,
• Promoting high-value health care through incentives and rewards.

This effort is rooted in four ideas:

1. American health care remains far below obtainable levels of basic safety, quality, and overall customer value.
2. The health industry would improve more rapidly if purchasers better recognized and rewarded superior safety and overall value.
3. Voluntary adherence to purchasing principles by a critical mass of America’s largest employers would provide a large jump-start and encourage other purchasers to join.
4. These principles should not only champion superior overall value but should initially focus on a handful of specific innovations offering “great leaps” to maximize media and consumer support and adoption by other purchasers.

The Leapfrog Group identified and has since refined four hospital quality and safety practices that are the focus of its health care provider performance comparisons and hospital recognition and reward. Based on
independent scientific evidence, the quality practices are:

- **Computer Physician Order Entry (CPOE):** With CPOE systems, hospital staff enter medication orders via computer linked to prescribing error prevention software. CPOE has been shown to reduce serious prescribing errors in hospitals by more than 50%.

- **Evidence-Based Hospital Referral (EHR):** Consumers and health care purchasers should choose hospitals with extensive experience and the best results with certain high-risk surgeries and conditions. By referring patients needing certain complex medical procedures to hospitals offering the best survival odds based on scientifically valid criteria — such as the number of times a hospital performs these procedures each year or other process or outcomes data — research indicates that a patient’s risk of dying could be reduced by 40%.

- **ICU Physician Staffing (IPS):** Staffing ICUs with doctors who have special training in critical care medicine, called ‘intensivists’, has been shown to reduce the risk of patients dying in the ICU by 40%.

- **The Leapfrog Safe Practices Score - The National Quality Forum’s 27 Safe Practices:** The National Quality Forum-endorsed 30 Safe Practices cover a range of practices that, if utilized, would reduce the risk of harm in certain processes, systems or environments of care. Included in the 30 practices are the original 3 Leapfrog leaps. For this new leap, added in April 2004, hospitals’ progress on the remaining 27 safe practices will be assessed.

This list is based on four primary criteria. (1) There is overwhelming scientific evidence that these quality and safety leaps will significantly reduce preventable medical mistakes. (2) Their implementation by the health industry is feasible in the near term. (3) Consumers can readily appreciate their value. (4) Health plans, purchasers or consumers can easily ascertain their presence or absence in selecting among health care providers.

Leapfrog is also exploring how health care can be improved by using proven practices and technology in the outpatient setting with the Agency for Healthcare Research and Quality, the Centers for Medicare and Medicaid Services and Bridges to Excellence.


In pursuit of its mission to promote public health, The United States Pharmacopeia (USP) establishes state-of-the-art standards to ensure the quality of medicines for human and veterinary use. USP also develops authoritative information about the appropriate use of medicines. Its mission is to promote the public health and benefits practitioners and patients by disseminating authoritative standards and information developed by its volunteers for medicines, other healthcare technologies, and related practices used to maintain and improve health and promote optimal healthcare delivery.

The vision of the USP is to be a leader in advancing the health of the public by creating a unique knowledge base on medicines and other health care technologies. This knowledge base will contain state-of-the-art standards to assure the quality of these technologies and authoritative information to promote their appropriate use.

**Patient Safety**

USP believes that the sharing of field experiences and concerns among health care professionals is important to reducing medication errors and providing safer, better quality health care. It therefore operates programs for health care professionals to report problems encountered during clinical practice. Reports received are used to build comprehensive information databases, improve USP’s drug standards, and provide feedback to reporting professionals, product manufacturers, and regulatory agencies.
For more than 30 years, USP has operated voluntary patient safety reporting programs for health care professionals. The information collected from these programs has helped USP promote patient safety at the national, state, and local levels. In keeping with its mission to assure that the public receives the highest quality and safest medications, USP operates two principal programs, the Medication Errors Reporting (MER) Program and MEDMARX SM. USP also is involved in the national leadership of several patient safety initiatives. USP believes the key to increased reporting of medication errors by the health care community is the enactment of laws that provide federal protections for information submitted to external reporting systems. For this reason, USP has been actively supporting the introduction of both state and national legislation that would provide protection to medication error information submitted to USP.