AORN is preparing to expand its participation in the National Quality Forum (NQF) as the healthcare quality advocacy group moves to the center of stakeholder-based health reform efforts.

NQF, founded in 1999 to develop and implement a national strategy for healthcare quality measurement and reporting, enlists the support of a broad set of healthcare stakeholders—including consumer organizations, health professional, provider, and health plan organizations, purchasers and government bodies. Outreach to the nursing community has led to four new nurse specialty organizations to join within the past year, bringing to 16 the total number of nurse organizations joining NQF. AORN joined in 2007.

“This is where a lot of major decisions are being made about what quality initiatives are moving forward with federal regulation as well as reimbursement,” said Linda Groah, RN, MSN, CNOR, FAAN, executive director of AORN. “It’s very important to have a seat at this table.”

The American Nurses Association is a longtime member of NQF; but participation among other nurse organizations is a more recent development—and a welcome one, says Janet Corrigan, PhD, MBA, president and CEO of NQF. “Nurses are critical members of the care team and contribute to so many different aspects of performance,” Corrigan said. “It’s critical that their voice be heard when the healthcare community is evaluating and selecting measures for quality improvement and public reporting.”

Headquartered in Washington, the National Quality Forum is a not-for-profit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting.

Corrigan said that quality areas of special significance to perioperative nurses include healthcare-associated infections, avoidable mortality, avoidable readmissions, and avoidance of serious reportable events—the so-called “never events,” serious errors resulting in death or extreme disability that should never occur in a healthcare setting but unfortunately do.

Stakeholders convene to endorse priorities
NQF was founded before the Institute of Medicine (IOM) published its landmark report on medical errors, To Err is Human, NQF continued on page 4
The Only Constant Will Be Change

By Sharon Robinson, RN, MSN, CNOR

If there was one common political word from 2008, it was “change.” During the presidential campaign, it seemed like everyone promised it—and with good reason. Last year was a lousy one for many of us, and we as a nation desire to turn the page and start fresh.

But even the brightest-eyed among reformers knows that all change isn’t necessarily for the good. Healthcare reform is coming, or so the politicians in Washington are promising. Let’s hope so.

But, let’s also hope and work to make sure that it’s the right kind of reform and the right kind of change.

In my home state of New York, 2008 saw us secure a tremendous victory with the passage of RN as Circulator legislation and its ultimate signing into law. In doing so, we garnered two important achievements.

The first was, of course, the very important legislation itself. The second was perhaps even more important: the development of relationships with legislators in our state capital.

The easiest thing to do would be to say to ourselves, well, we’ve secured this important victory—we’ll enjoy it. We could get complacent. But that would be a grave mistake.

We must remain on guard to ensure that legislation that protects nurses and patients remains at the forefront and to ensure that legislation that could harm nurses and patients is vigorously opposed.

So, if you’ve made a connection with a legislator within the past couple of years, don’t assume that you can let the relation-
**TEXAS NURSES FIGHT RN AS CIRCULATOR REPEAL**

A surgical technologist bill introduced this month in Texas would repeal RN as Circulator language passed in 2005. The provision exists in HB643, which sets forth minimum training requirements for hospital-employed surgical technologists. However, the bill places the hospital rather than the nurse in charge of the surgical technologist. The Texas Council of Perioperative Registered Nurses and the Texas Nurses Association are working with interested stakeholders to determine a course of action given the bill’s problematic provisions.

**NEW YORK RNFA BILL INTRODUCED**

A bill relating to reimbursement for registered nurse surgical first assistant services has been introduced in New York state. SB277 requires that every insurance policy that provides for reimbursement for surgical first assistant services provide such coverage for a licensed person qualified by experience and training, including a registered nurse.

**NEW YORK INFECTION BILL INTRODUCED**

A bill, HB294, to establish standards and programs relating to the prevention and reduction of hospital-acquired infections was introduced in New York state.

**MISSOURI NURSE LICENSURE COMPACT BILL INTRODUCED**

A bill to create a multi-state nursing licensure compact for registered nurses and licensed practical/vocational nurses has been introduced in Missouri. SB137 would create a compact allowing registered nurses and licensed practical/vocational nurses to practice nursing in participating states.

**NEVADA WORKPLACE RETALIATION INTRODUCED**

A bill prohibiting retaliation or discrimination against registered nurses and others who report certain information, refuse to engage in certain conduct or participate in certain investigations or proceedings relating to the safety of patients was introduced in Nevada. HB10 is intended to protect nurses who report issues that could endanger patients.

**MISSOURI SURGICAL TECHNOLOGIST BILL INTRODUCED**

A bill requiring surgical technologists to be registered with the state has been introduced in Missouri. HB57 requires applicants to be certified or complete an accredited surgical technologist program approved by the State Board of Registration for the Healing Arts within the Department of Insurance, Financial Institutions, and Professional Registration. Additionally, it requires registered surgical technologists to practice under the supervision of a physician, dentist, or podiatrist.

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**NEW ARTICLE FOCUSES ON ECONOMIC VALUE**

As nursing staffing levels increase, patient risk of complications and hospital length of stay decrease, resulting in medical cost savings, improved national productivity and lives saved, according to a recently published article.

The research in *Medical Care*, “The Economic Value of Professional Nursing,” extracted findings from 28 studies analyzing the relationship between higher nurse staffing levels and patient outcomes.

The article does not focus on perioperative nurses but provides an opportunity to highlight the value of RN as Circulator and other legislation to elected officials.

Read the article [here](#).

To send your elected officials a model letter or your own letter based on a model, visit [http://capwiz.com/aorn/issues/alert/?alertid=12405236&type=ML](http://capwiz.com/aorn/issues/alert/?alertid=12405236&type=ML).

To find more tools to help develop advocacy and lobbying knowledge, visit [aorn.org/PublicPolicy/LobbyingTools](http://aorn.org/PublicPolicy/LobbyingTools).
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Stay current with legislation in your state

By visiting AORN’s online legislative map, members can select their state to access the most current laws and regulations related to perioperative nursing and surgical safety. Through this resource members can also find AORN state and regional legislative coordinators, links to nursing organizations and nurse practice acts, and the latest developments on public policy initiatives in your state.

For the latest developments on state legislation, visit www.aorn.org/PublicPolicy/LegislativeMap and click on your state for news and updates.

NQF continued from 1

but became operational just as the issue of healthcare quality improvement gained new traction thanks to the IOM report.

“We now know enough about healthcare quality to know that the opportunity to improve is huge,” said John Rother, director of legislation and public policy for AARP and vice chair of the NQF board of directors. “The problem has been that there was no national strategy for doing that.”

With 387 member organizations from across the stakeholder spectrum, NQF convenes a disparate set of voices to focus on healthcare quality improvement. This is important, Groah said, because certain voices that traditionally have been ignored now are represented. “I believe very strongly that we need to get all the voices involved,” Groah said. “It would be inappropriate for providers to take control of quality initiatives alone. We need to look at the healthcare experience from the consumer’s frame of reference, because consumers have a very different point of view.”

One benefit of the ability to convene such disparate stakeholders has been the setting of a set of national priorities and goals for performance measurement and public reporting. The NQF-convened National Priorities Partnership, consisting of 28 major national organizations, late last year selected a set of six cross-cutting priorities—patient and family engagement, population health, safety, care coordination, palliative and end-of-life care, and overuse—and identified national goals within each of those priorities.

I’m a big believer in the power of the presence; if we are present at the table, our voice will be heard.

—Linda Groah

AORN has supported the Priorities Partnership through active input into the priority-setting process. “In the patient safety piece, we were able to talk about care for the surgical patient. Our opportunity for input was significant,” Groah said.

The Priorities Partners are now seeking to identify performance measures within each of those goals, and perioperative nurses have a particular role in the areas of patient safety and care coordination, Corrigan said.

Next up: ASC measures

NQF so far has endorsed six measures for ambulatory surgery center reporting recommended by the ASC Qual-

The National Quality Forum-convened National Priorities Partnership includes 28 national organizations who have selected six major healthcare priorities to address and identified national goals within each priority.

In the meantime, NQF is undertaking a project to develop consensus around a common set of measures for hospital outpatient and ASC quality measures at the behest of CMS.

AORN is hoping for additional opportunity for input in this project. “NQF is doing a great job of putting more nurses on its panels and ensuring that nurses are properly represented,” Groah said. “I’m a big believer in the power of the presence; if we are present at the table, our voice will be heard.”
New AORN advocacy team

With the addition of new staff, AORN has expanded its Government Affairs (GA) department with an eye toward putting more tools into the hands of members at the grassroots level.

In November, AORN named Josephine Colacci its new Government Affairs manager. Colacci will monitor and analyze proposed and existing state legislation, prepare proposed legislative and regulatory language, and work with other organizations and state boards of nursing to support AORN legislative priorities.

She is the former executive director of the Quality Healthcare Coalition, a Colorado healthcare membership organization, and was a healthcare lobbyist in the Colorado General Assembly from 2001 to 2004. Colacci is a graduate of Colorado State University and of University of Denver’s Sturm College of Law.

Carrie Sayre, MBA, is the Government Affairs Coordinator. Sayre, who keeps the Public Policy section of the web site current and manages grassroots and Web-based advocacy efforts for AORN, holds degrees from Trinity College of Vermont and Regis University, and was most recently district director for the Muscular Dystrophy Association in New Mexico.

“Josephine and Carrie bring a great deal of knowledge, energy and practical experience to AORN,” said Craig Jeffries, Esq., AORN Public Policy Consultant. “Our Advocacy efforts both at the state and federal levels will benefit from their expertise.”

Beginning this month, Jeffries becomes AORN Public Policy Consultant and will continue to support AORN GA staff along with new efforts on healthcare reform.

State lobby days planned

AORN Baltimore chapter will join the Maryland Nurses Association for a lobby day Feb. 2 from 4 to 8 p.m., at the Maryland General Assembly in Annapolis. For information, visit www.marylandrn.org/displaycommon.cfm?an=1&subarticlelenbr=32. Additionally, AORN members will join the Virginia Nurses Association in its 24th Annual Legislative Day at the Virginia General Assembly Feb. 4 at the Richmond Marriott, 500 E. Broad St., Richmond. The Virginia AORN state council is sponsoring a booth. For information, visit www.virginianurses.com/cde.cfm?event=212979.

Elsewhere, the South Dakota Nurses Association will have Nurses Day at the State Legislature Feb. 9 and 10 from 10 a.m. to 7 p.m. at the Ramkota Inn, 920 W. Sioux Ave., Pierre. For information, visit www.sdursesasssociation.org/events/legislative/2009NDLBrochureFinal.pdf.

The Iowa Nurses Association will have a Lobby Day Feb. 19 from 9 a.m. to 1 p.m. in Des Moines. For information, visit http://www.iowanurses.org/legislative/2009/legdayregform.pdf.

Ohio leads way on advocacy challenge

Congratulations to Ohio, Michigan and Virginia for their performance in the National Legislative Committee’s advocacy challenge! Each state won $250 for leading state efforts in expanding the number of new grassroots advocacy volunteers over the last few months and for having the highest number of grassroots advocacy volunteers overall.

Ohio led the way with more than 15 percent of its AORN membership involved as grassroots advocacy volunteers, an accomplishment achieved by enrolling all members in its Sandusky area and Dayton regions, according to state coordinator Elouise Hardy, RN. “We are bringing back RN as Circulator legislation this year, and we’re not going to let it go down—and we need all the help we can get from our members to get it passed,” Hardy said. State chapters winning $100 each for finishing the advocacy challenge in the top group were Connecticut, Iowa, West Virginia, and South Carolina.

Don’t forget to register for Congress!

Early-bird registration has closed, but there’s still time to register for AORN’s 56th Annual Congress March 14 to 19, 2009, in Chicago. The theme is “Embrace the Future.” Congress will be hosted in the new west expansion building of the McCormick Place convention center, allowing AORN to accommodate almost all education sessions under one roof. And, while you’re there, come visit Government Affairs in Exhibit Hall F and get your picture taken with a cutout of President Obama, in his hometown! But register and book your hotel reservations today, because spaces are going fast. For more information, visit www.aorn.org/Congress.

Gussey, Vencill win NIWI 2009 awards

Pat Gussey, RN, MSN, BSN, CNOR, a member of AORN’s National Legislative Committee from New York state, and Bonnie P. Vencill, RN, CNOR, AORN state coordinator for Virginia and Washington, have won AORN’s 2009 Nurse In Washington Internship (NIWI) Award.

The NIWI program, sponsored by the Nursing Organizations Alliance, provides information on current health policy initiatives, public policy development, and the federal budget. AORN awards two scholarships, including the program registration fee, travel, lodging, and meal expenses. NIWI 2009 is scheduled for March 29 to 31, 2009, in Washington.