NAPNAP Position Statement on the Role of Pediatric Nurse Practitioners in Quality Improvement

The National Association of Pediatric Nurse Practitioners (NAPNAP) supports and encourages all pediatric nurse practitioners (PNPs) to engage in quality improvement (QI) efforts at the local and national levels. QI initiatives are essential to promote optimal health for children and access to evidence-based, safe, quality care. According to the American Academy of Pediatrics (AAP), “Quality improvement is a collection of techniques that systematically and scientifically identifies need for change and outlines action plans to make improvements in health care and health services which will then increase the likelihood of desired health outcomes” (AAP, 2012). Persons in the health care delivery system have an increasing interest in improving performance and outcomes for children. PNPs in all practice settings should take the lead and participate in QI efforts.

The Institute of Medicine (IOM; 2001) defines quality of care as “the degree to which health care services for individual and populations increase the likelihood that desired health outcomes are consistent with current professional knowledge and practice….” Furthermore, Donabedian describes an approach to assess the quality of health care using the elements of structure, process, and outcome (Donabedian, 1966). All pediatric practitioners strive to provide the best care for children and their families. However, numerous reports, including the Quality of Health Care for Children and Adolescents: A Chartbook (Leatherman & McCarthy, 2004), the National Healthcare Disparities Report (Agency for Healthcare Research and Quality [AHRQ], 2011a), and the National Healthcare Quality Report (AHRQ, 2011b), have shown considerable variation in outcomes for children. There are significant and persistent disparities in health care for minority children. There is considerable variation in outcomes of care across providers and communities and in utilization, safety, and quality care for all children. Quality improvement efforts are key to closing these gaps in pediatric health care (AAP, 2008).

Acceleration of QI work in pediatric health care requires a coordinated approach (Miles et al., 2009). Children receive recommended care only 46% of the time (Mangione-Smith et al., 2007). Frontline clinicians are responsible for improving care, and nurse practitioners should have a significant role in such improvements and lead QI efforts in their practice settings. Health care organization and delivery is changing to focus more on patient outcomes, the experience of care for children and their families, and reducing the overall cost of care. The Patient Protection and Affordable Care Act (2010) and the Supreme Court endorsement of this Act (National Federation of Independent Business v. Sebelius, Secretary of Health and Human Services, 2012) have initiated changes in health care delivery models in the United States in an effort to improve the health of all children.

The emphasis of accountable care organizations on quality improvement focuses on high-quality patient/
family-centered health care that is cost-effective and supported by performance data (National Committee for Quality Assurance [NCQA], 2012). Health care systems now focus on how to make health care services better and more efficient. PNPs have an important role within accountable care organizations (Chesney & Lindeke, 2012). Typically, PNPs are engaged in QI efforts as part of their daily work, and tracking QI metrics are or will become a routine part of PNPs' evaluation of care delivered.

One of the most profound changes in health care is the acknowledgement of the importance of patient and family engagement in health care with increasing attention on the perception of the care experience. Most health systems are improving access to information about care with health care portals, as well as engaging teens by using handheld devices and social media sites. Health outcomes will improve if the system honors the values and preferences of patients and families and actively engages them in care planning and decision making about their health care choices/goals. A plethora of easily accessible information is available; however, much of the information is not evidence based and is fraught with inaccuracies. This situation adds confusion to the decision-making process, and quality health care may suffer, especially for families of children with special health care needs. PNPs are in a unique position to guide families to quality, evidence-based information to help them make informed health care decisions (NAPNAP, 2012).

The evaluation of health care is changing, and appropriate metrics are still under development. During the past 10 years, the AHRQ, the National Quality Forum, the Nursing Alliance for Quality Care, and others have joined together in groups such as the Alliance for Pediatric Quality to improve and standardize the metrics we use to evaluate processes and outcomes of care. NAPNAP supports these efforts and believes that PNPs should be actively involved in the development of quality metrics. PNPs should take leading roles in programs such as the Pediatric Quality Measures Program and work with AHRQ and the Centers for Medicare and Medicaid Services to report Children's Initial Core Set measures at the state level in order to assess the quality of Medicaid and children's health insurance programs (NCQA, 2011).

Nursing and advanced practice nursing programs have recently added quality of care concepts into their daily clinical work and curricula; however, PNPs who have been in clinical practice for more than 10 years may not have received education regarding QI or quality indicators. PNPs are ideally positioned to take a leading role in coordination of care, goal setting with the patient and family, and ensuring quality outcomes. This coordination of care must span not only office-based practice but coordination across the continuum of pediatric care, including schools, day care, acute care, and long-term care.

The Quality and Safety Education for Nurses (QSEN) program is a grant-funded program whose goal has been to meet the challenge of preparing future nurses who will have the knowledge, skills, and attitudes necessary to continuously improve the quality and safety of the health care systems within which they work. QSEN has been piloting curricular approaches to ensure that future nursing graduates develop competencies in patient-centered care, teamwork and collaboration, evidence-based practice, QI, safety, and informatics (QSEN Institute, 2013). Building on this curricular educational foundation in baccalaureate programs, NAPNAP supports building QI expertise in nurse practitioner programs and including QI education in continuing education requirements. In addition, QSEN should be a part of the DNP-based PNP curriculum, given that leadership in QI is one of the DNP essentials. NAPNAP encourages expanding current learning and teaching programs to include the key systems issues that affect quality and patient safety.

The IOM recommendations (2010) regarding the Nurse of the Future suggest that nurse practitioners should practice to the full extent of their education and training and that nurses should be full partners with physicians and other health professionals in redesigning health care in the United States. This is an ideal time to promote the engagement of PNPs in ongoing quality improvement efforts. Nurses will be key players in quality initiatives and have the education and skills to improve health care quality in the United States.

To promote quality improvement, NAPNAP supports:

1. Active involvement of PNPs in QI efforts regardless of practice setting.
2. Parent/family engagement in QI efforts.
3. PNP engagement in efforts to develop meaningful quality measures of pediatric health care.
4. Incorporation of QI techniques in the core curriculum of PNP programs and as part of lifelong learning for PNPs in practice.
5. PNP leadership in coordination of care across the continuum.

For children to have access to quality health care in all settings, including primary care, acute care, school-based, and public health programs, QI initiatives are essential. Because of the variety of needs in the pediatric population, NAPNAP is committed to broad participation in QI efforts by PNPs in all practice settings. NAPNAP, an organization that promotes optimal health for children through leadership, practice, advocacy, education, and research, will advocate for and participate in QI efforts to improve the quality of pediatric health care for all children.
The National Association of Pediatric Nurse Practitioners would like to acknowledge the contribution made by the following members of the NAPNAP Quality Advisory Panel for the development of this statement:
Doris Hanna, RN, CPNP, ScD; Joyce Pulcini, PhD, RN, PNP-BC, FAAN; Joyce Martin, PhD, RN, CPNP-PC, FNP-BC; Tara Trimarchi, MSN, RN, CRNP, CPNP-AC; Andrea Kline Tilford, MS, RN, CPNP-AC/PC, FCCM; Ann Petersen-Smith, PhD, RN, APRN (Clinical Practice Chair); and Heather Keesing, MSN, RN, APN (Staff).

REFERENCES