



FOSTERING SUCCESSFUL PATIENT AND FAMILY ENGAGEMENT: NURSING'S CRITICAL ROLE

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*This White Paper was prepared for the Nursing Alliance for Quality Care
with grant support from the Agency for Healthcare Research and Quality (AHRQ)
to the George Washington University School of Nursing.*

Approved March 15, 2013

FOREWORD

The Nursing Alliance for Quality Care (NAQC), composed of twenty-two national nursing organizations and consumer advocacy groups, is committed to improving the quality and safety of health care for all Americans. It believes that (1) the active engagement of patients, families and others is essential to improving quality and reducing medical errors and harm to patients; and that (2) nurses at all levels of education and across all health care settings must play a central role in fostering successful patient and family engagement. The following White Paper emerging from the national consensus process identified below describes how imperative it is for the nursing profession and NAQC to focus on patient engagement.

This document, initially drafted by a national expert on patient engagement, was honed through a national consensus process supported in part by grant 1R13 HS21600-01 from the Agency for Healthcare Research and Quality (AHRQ)*. This consensus process included:

- 1) A Panel of Experts which met to review the first draft and to dialogue about the content of the second draft. Experts were drawn from across the country representing the best thinking on patient engagement from a theoretical framework as well as from a consumer view, nursing view or other provider perspective. Nurses representing advanced practice, senior nursing leadership, education, research and regulation as well as nurses at the bedside spoke to multiple settings and populations in need of improved care and successful engagement. (See Appendix for attributions).
- 2) A national consensus conference that was planned and implemented, featuring national experts on patient engagement, to raise the level of knowledge about nursing's contributions to patient engagement. A central feature of this two-day conference was conducting listening sessions to elicit feedback from every attendee and expert speaker regarding the content of the White Paper, which was then incorporated into a third draft.
- 3) Reviews of all drafts with concomitant feedback by members of the Nursing Alliance for Quality Care, its Board of Directors, and the NAQC faculty and staff team.
- 4) Preparation and review of final drafts which were disseminated to the NAQC member organizations and the NAQC Board of Directors for approval and support.

- 5) Wide dissemination of the final document within the national nursing community to enlist endorsement of its strategic plan and support for implementation.
- 6) Dissemination of the final document widely to other health care entities, health care professional disciplines, consumer groups and stakeholder groups to share strategies.

While it will be critical to “divide the work” and thus “conquer,” it will also be important for those working on this very important initiative to be in regular and in-depth communication. Key shared messages will be needed. NAQC and others will need to track progress, not only within individual strategic areas, but across them. It is essential that the profession present a clear and united front in completing this transformational work.

The Nursing Alliance for Quality Care, representing both nurses and consumers, urges you to commit to this vision of the future, through active participation in advancing the profession’s strategic agenda and action steps identified in the White Paper and ultimately by greatly enhancing nurses’ contributions to fostering patient engagement successfully.

**Funding for this conference was made possible [in part] by grant 1R13 HS21600-01 from the Agency for Healthcare Research and Quality (AHRQ). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*

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I. INTRODUCTION & DEFINITION

“Patient engagement is the involvement in their own care by individuals (and others they designate to engage on their behalf), with the goal that they make competent, well-informed decisions about their health and health care and take action to support those decisions.”

Based on the discussion detailed in this White Paper, the NAQC proposed the above definition to facilitate discourse regarding nursing’s role in fostering engagement and how to further advance the achievement of patient and family engagement in all health care settings.

Patient engagement is a key element and even a necessary condition for the achievement of patient-centered care (Gerteis, Edgman-Levitan, Daley and Delbanco, Eds., 1993; Institute of Medicine, 2001). In 2008, the National Priorities Partnership (NPP) of the National Quality Forum (NQF) identified patient-centered care that encompasses full engagement of patients and their families in shared decision-making processes as one of its six key priorities (National Priorities Partnership, 2008). NPP recommended its inclusion as a priority of the National Quality Strategy (NQS) (U.S. Department of Health and Human Services, 2011). The Center for Medicare & Medicaid Innovation (CMMI) has created a national Partnership for Patients (P4P) which places a strong emphasis on patient engagement and along with the NPP drives implementation of the priority. The American Academy of Nursing, as part of its efforts to identify the need to measure the impact of nursing, has published an Action Brief (Pelletier and Stickler, 2013) on measurement of patient engagement. Nurses’ daily experiences include working with patients and families who have often fared poorly because patients’ concerns, preferences and knowledge have not been valued.

The purposes of this paper are to propose a strategic plan that encourages nurses’ support of patient engagement, to delineate the empirical case for the proposed strategic plan, and to secure the participation of organizations, nurses and stakeholders in implementation of the plan.

II. NAQC GUIDING PRINCIPLES FOR PATIENT ENGAGEMENT

The NAQC, which includes both nursing and patient/consumer representatives, has created a set of Guiding Principles to support nurses' efforts to foster patient engagement. These principles provide a basis for the strategic plan and actions that NAQC organizations and others will use to improve nursing's contributions to fostering effective engagement of consumers across health care settings.

Guiding Principles for Patient Engagement

Patient engagement is a critical cornerstone of patient safety and quality. NAQC has grounded its approach to this topic by recognizing the primary importance of *relationships* between engaged patients and families and their clinicians, including but not limited to nurses. The following are principal assumptions that guide NAQC in addressing care that is patient-centered.

1. There must be an active partnership among patients, their families, and the providers of their healthcare.
2. Patients are the best and ultimate source of information about their health status and retain the right to make their own decisions about care.
3. In this relationship, there are shared responsibilities and accountabilities among the patient, the family, and clinicians that make it effective.
4. While embracing partnerships, clinicians must nevertheless respect the boundaries of privacy, competent decision making, and ethical behavior in all their encounters and transactions with patients and families. These boundaries protect recipients as well as providers of care. This relationship is grounded in confidentiality, where the patient defines the scope of the confidentiality.
5. This relationship is grounded in an appreciation of patient's rights and expands on the rights to include mutuality. Mutuality includes sharing of information, creation of consensus, and shared decision making.
6. Clinicians must recognize that the extent to which patients and family members are able to engage or choose to engage may vary greatly based on individual circumstances, cultural beliefs and other factors.
7. Advocacy for patients who are unable to participate fully is a fundamental nursing role. Patient advocacy is the demonstration of how all of the components of the relationship fit together.
8. Acknowledgment and appreciation of culturally, racially or ethnically diverse backgrounds is an essential part of the engagement process.
9. Health care literacy and linguistically appropriate interactions are essential for patient, family, and clinicians to understand the components of patient engagement. Providers must maintain awareness of the language needs and health care literacy level of the patient and family and respond accordingly.

III. WHY PATIENT ENGAGEMENT IS NURSING'S PRIORITY

The current health care environment is complex, fragmented, overextended and inconsistent in the quality of care it provides. Even in the face of significant innovations in health care services and technology, the reality is that health care delivery, whether in inpatient or primary care settings, is fraught with medical errors, safety concerns, and failures to provide quality. While dramatic improvements in access to health coverage through the Affordable Care Act are imminent, this will occur at a time when the system unintentionally does harm to many it intends to cure. Such problems were documented by the Institute of Medicine more than a decade ago. Despite national efforts by hundreds of organizations and institutions, minimal progress has been made (Landrigan, 2010), prompting recent national initiatives by the national Partnership for Patients to reduce harm to patients by 40% and reduce all hospital readmissions by 20%, two agendas embraced by the more than 5000 healthcare institutions and entities participating (US Department of Health and Human Services, 2012).

So why does NAQC choose to focus on patient engagement as a priority? From the perspectives of patients and family members, and from the views of health care organizations and professionals, preventing harm and reducing readmissions both appear doable through more complete and effective engagement of patients, regardless of setting. Certainly patients and families cannot be expected to fix the health care system. But their voices, their growth in making more knowledgeable well-informed health decisions, and the certainty that they will have their values, preferences and choices heard can positively impact a health care system willing to listen and learn. Nurses see all too frequently the examples of medication errors where patients and families questioned the administration of a medication to no avail, and the tragedies of families and patients who insisted to deaf ears that something was seriously wrong, only to have the family member suffer grievous consequences due to the failure of a health care team to respond appropriately. Patients and families can and do speak up, but their voices have not proved to be sufficient to protect themselves. It is up to health care professionals and health systems to listen and

respond appropriately.

Nurses are the professionals who are the eyes and ears of the health care system. Nurses, as the most trusted of all professionals (Gallup, 2012) are considered by patients to be the safety net. Patients depend on their nurses to speak up within the system, to the physician and others on the team, by advocating that a “time out” occur to prevent a wrong site surgery, by coordinating care upon discharge (Jencks, Williams and Coleman, 2009), by insisting that the right medications be ordered or by taking the time to validate what the departing physician really meant when s/he ordered a procedure or delivered a diagnosis. Often patients are not given information on test/treatment benefits, risks and options that would make “patient consent” authentic. Health professionals’ expressed concerns about this are reflected in the “Choosing Wisely” campaign of the American Board of Internal Medicine and its partners (Cassel and Quest, 2012). Nursing as a profession has an ethical obligation to support patients and families being successfully engaged and heard in every health transaction. Nurses at all levels, in all care settings and in their work and lives in communities, support engagement by all consumers of health care. There are 3 million nurses in the United States, on average one for every 100 individuals. Neighborhoods, faith-based communities, schools and others rely on their knowledge and often their volunteer services.

Nurses can be strong enough to question the appropriateness of a medication order that flies in the face of the patient’s condition. Yet we know that a variety of factors have reduced nurses’ willingness and effectiveness to be this strong voice on behalf of patients who depend on them. This document details a set of strategies that will support every nurse as an advocate, will educate each nurse regarding techniques that foster well-informed decision-making by patients and families, and will demand that the health care system stop, listen, translate effectively, and respond appropriately to keep patients safe from harm due to medical error or insufficiently responsive health care professionals.

Engagement, including informed decision-making that is supported by strong nurse advocates, can and should be the rule rather than the exception in every health care

encounter. Regardless of whether the nurse's role is to provide direct care as a primary care provider or at the bedside, to lead others in the provision of that care, or to establish policy, nurses are positioned to do what it takes to make it easy and clearly beneficial for patients and families to engage. Nursing leaders create the context in which patient and family engagement will be successful.

IV. WHAT IS PATIENT ENGAGEMENT?

A. Making the Case for this Definition of Patient Engagement

The term "patient engagement" is relatively new, but its use has spread rapidly. A recent search in PUBMED indicates that prior to the year 2000, 504 citations for the term "patient engagement" can be found, while a search to the present day generates 4,058 citations. The growth in use of the term appears to be related, as a kind of "lagging indicator" to the use of the term patient-centered care (Gerteis et al., 1993, Institute of Medicine, 2001). Unfortunately, as the term is used more frequently, it is also used in disparate and often vague ways.

The Center for Advancing Health (CFAH) defines engagement as "actions people take for their health and to benefit from health care." (Gruman, 2013). Jessie Gruman, President of CFAH, notes that not all actions taken by patients fall into the CFAH definition; many do not clearly lead to maximizing benefits from care. CFAH has identified over 40 specific "engagement behaviors" (Holmes Rovner, M., French, M., Sofaer, S., Shaller, D., Prager, D., and Kanouse, D. 2010) and has examined existing data to get a sense of how prevalent different behaviors are in the population (Center for Advancing Health 2011).

A "patient-centered" view of patient engagement requires that it will only happen if health professionals, organizations and policies (1) create clear opportunities for engagement; (2) make it clear that they welcome engagement; and (3) provide the support that people need to engage (Carman, Dardess, Maurer, Sofaer, Adams, Bechtel and Sweeney, 2013). Patient-centered views of engagement require nurses to hear and understand the values, preferences, cultural context, potential contributions, practical

circumstances and unique health profiles of individual patients that are core to patient-centered care and patients as decision-makers regarding their own care. This involves *listening* to patients, not assuming that because of our role as health professionals we understand their needs better than they do themselves. It means using techniques such as motivational interviewing (Apodaca and Longsbaugh, 2009), shared decision-making and customized educational experiences instead of passive patient education. Most importantly, it requires that nurses and others view consumers of health care as competent in making decisions about their own health and health care, given the opportunity to become well-informed and supported in making those decisions. This White Paper does not support the common use of the term “engagement” that makes it synonymous with “adherence” or “compliance.” Adherence and compliance imply that patients are said to be engaged when they do what physicians, nurses and other clinicians, public health educators, health care managers, health plans, employers and others want them to do.

Fostering successful engagement goes beyond information exchange to include skill- and capacity-building on the one hand, and embracing the engagement of patients on the other. Some patients and family members are pioneers--that is, they may be proactive even if no one encourages them--but most are not. Many patients who are ready to engage believe that they will engage at their peril, that clinicians and others will react negatively if they ask probing questions, disagree, suggest an alternative approach, ask for a second opinion, question an insurance company decision, or indicate dissatisfaction (Frosch, May, Rendle, Tietbohl and Elwyn, 2012). As already identified, some patients or families trying to engage by pointing out to a nurse an error in the making, experience having their concerns dismissed and the error in fact occurs. Consumers make it clear that in terms of their experience of care in a hospital at least, the domains of greatest importance to them are communication with nurses and communication with doctors (Sofaer, Crofton, Goldstein, Hoy and Crabb, 2005).

The work of Hibbard and colleagues (e.g. Hibbard, 2008, Hibbard and Mahoney, 2009) regarding “patient activation” represents a different approach to defining and

fostering patient engagement. Their tool, the Patient Activation Measure (PAM), helps nurses and other clinicians learn where individuals are at the outset of an attempt to educate, inform or seek health-related decisions or action. Interventions can then be designed to meet the individual anywhere along that continuum of patient activation. Hibbard, Greene and others believe that patient activation is the underlying trait measured by the PAM. They believe this trait, which encompasses one's skill, knowledge and confidence to manage health and health care, leads to engagement behaviors. Their research with outpatients found these engagement behaviors lead to positive health behavior changes and health outcomes (Hibbard and Greene, 2013). They found that the least activated individuals are less likely to engage in healthy behaviors. They also found that interventions that ask the least activated to do small steps that are feasible are more likely to be successful. If so, interventions that assume less activated individuals will make huge leaps from current behavior or begin to absorb large quantities of information quickly, will likely fail and could reinforce previous failures. Hibbard and her colleagues recommend starting small by identifying a behavior change that is perceived and experienced as *doable* by the person in question. Providing tools and support for that small step moves people along the activation scale and provides an experience of success. This approach creates a foundation on which the next step can be built until a repetitive pattern of success builds greater capacity and patient self-confidence.

Engagement interventions that ask too much of some individuals can actually increase the disparities between those who are more ready to engage and those who are not. All too often, the individuals less ready include those already vulnerable in other ways because of poor health or functional status, level of education and knowledge, financial resources and a host of other factors.

Another consideration in defining engagement revolves around who is engaging. In some cases an individual patient is unable to be actively engaged due to frail health, cognitive impairment or other problems. The capacity to engage may be challenged by mental health issues or language barriers, yet those are not reasons to deny patients and

families the opportunity to share in the decision making. An individual's capacity to engage may also change during the passage of various stages of an illness. It is not ethically acceptable to decide that these patients can never be engaged meaningfully and that professionals have to do the decision-making for them (Hansen, 2012; Mayo and Wallhagen, 2009; Volpe, 2010). When individuals cannot themselves engage, their only recourse is with or through trusted family members and loved ones who stand by them. Embracing engagement means inclusion of not only patients themselves, but also others who patients indicate are empowered, formally or informally, to act on their behalf. The one important requirement is that patients identify who can act and speak on their behalf. The Code of Ethics for Nurses supports that when an individual has no one they trust, the nurse's obligation is to recognize and acknowledge this gap, and then consciously align with the patient as the individual's staunchest advocate (American Nurses Association, 2001).

B. The Logic Model for Developing and Achieving Outcomes of Patient Engagement

This White Paper incorporates a logic model depicting the development and outcomes of patient engagement, constructed with the assistance of Hibbard, Greene, Gruman and other participants of the Expert Panel (Figure One). Figure One identifies various strategies to foster greater engagement of consumers. It presumes that health professionals embrace and ensure that individuals are central to all decision-making. It stipulates that individuals become increasingly well-informed about health and healthcare choices and consequences, whatever that requires, in order to make sound decisions. The patient's current level of engagement, including confidence and capacity to engage, is measured initially by looking at the individual's level of activation (engagement) via his/her PAM score. Based on the level of activation, further strategies and interventions are designed to foster greater success and confidence over time (increased engagement). Behaviors that suggest engagement and in the long term lead to better health and health care decision-making are identified. The outcomes of highly engaged and confident patient decision-makers include changes in health behavior, health status, functional status and

the patient’s experience of care; in some cases, it also leads to greater efficiency, reduced overuse of health care resources and lower cost.

FIGURE 1: DEVELOPMENT AND OUTCOMES OF PATIENT ENGAGEMENT

Engagement Strategies	Underlying Orientation to Engagement	Engagement Behaviors	Outcomes
Tailoring Treatment Plans to Patient’s Level of Activation	Measured by the Patient Activation Measure (PAM)	Frameworks for observing behaviors	<ul style="list-style-type: none"> Absence of harm as a result of care received
Chronic Disease Self-Management	Patient at the center of the decision making process for his/her health care	Center for Advancing Health Framework - 40+ behaviors in ten areas, such as:	<ul style="list-style-type: none"> Improvements in health for patients/consumers of care
Shared Decision Making		<ul style="list-style-type: none"> Find Safe, Decent Care 	<ul style="list-style-type: none"> Improved biometrics
Motivational Interviewing		<ul style="list-style-type: none"> Communicate with Health Professionals 	<ul style="list-style-type: none"> Improved functional status
Health Coaching		<ul style="list-style-type: none"> Organize Health Care 	<ul style="list-style-type: none"> Improved quality of life
Family Rounding		<ul style="list-style-type: none"> Pay for Health Care 	<ul style="list-style-type: none"> Improved population health
Bedside Change of Shift		<ul style="list-style-type: none"> Make Good Treatment Decisions 	<ul style="list-style-type: none"> Improved health risk behavior profile
Redesigned Discharge Protocols		<ul style="list-style-type: none"> Participate in Treatment 	<ul style="list-style-type: none"> Improved and safe work environments for health care professionals
Information Exchanges		<ul style="list-style-type: none"> Promote Health 	
Decision Aids		<ul style="list-style-type: none"> Get Preventive Health Care 	
Public Reporting of Comparative Performance Information		<ul style="list-style-type: none"> Plan for the end of life 	
		<ul style="list-style-type: none"> Seek Health Knowledge 	
		Reduction of health risk behaviors	
		Self-management of preventive health strategies	
		Self-management of episodic illness	

C. Acquiring Patient Engagement Behaviors and Shared Decision-making Skills

Most individuals experience health care in the local community using individual primary care providers. Ideal opportunities for patients and providers to learn and experience patient engagement and shared decision-making, whether as a nurse or as a consumer of health care, can be found in community settings, particularly in primary care environments and outpatient clinics. Once a patient is hospitalized, the acuteness of a situation may not lend itself to learning these skills. If individuals and families experience success and reassurance that providers will keep them safe as they take on more of this responsibility, they will risk greater decision-making and shared accountability. As engaged consumers patients will also learn to expect the primary care environment to be supportive of their engagement; they will begin to expect it across other settings as well.

The place to start treating engagement as normative and expected is from birth.

Parents are often most readily engaged when protective of their child's health. Preschool, school age and adolescent children alike are fascinated by blood pressure cuffs, stethoscopes and what they measure. College health centers maximize this opportunity to continue the learning trajectory; they focus their strategies on college students' self-care management, healthy eating and exercise, stress reduction and promotion of mental health, injury prevention, safe sex and avoidance of substance abuse. Middle aged and older adults who are struggling to manage chronic diseases have increased motivation to develop patient engagement and shared decision making skills, while the elderly often have specific end-of-life expectations and preferences. These groups could gain skills and confidence in community programs that provide coaching and reassurance, and through enhanced communication between provider and patient in primary care practices.

IV. A MODEL FOR ENHANCING THE CONTRIBUTIONS OF NURSES TO FOSTERING SUCCESSFUL ENGAGEMENT

A. Achievement of Conditions by Nurses that will Foster Successful Engagement

For nurses to foster individual patient engagement in health and health care successfully, several conditions must be realized: (1) Nurses must practice a fully patient-centered approach to health care delivery; (2) Nurses must embrace and support fully the belief that patients and families are or can become competent to engage fully in making informed decisions about their own health and health care; and (3) Nurses must be willing to fully support patients as they encounter obstacles in the health care system. This can occur through one-on-one advocacy on behalf of patients to keep them safe from harm, by fostering shared decision-making to ensure the patient's preferences, values and beliefs are supported appropriately, or by demonstrating leadership within and externally to bring about increased responsiveness of the system to engaged patient/family decision making. Achieving these three conditions requires that nurses may need to change their own practice behaviors; that nurses will likely need to influence change in the behaviors of others; and that nurses must be willing to step forward to sway other health professionals,

health care workers, and policies within their own work environments. In these efforts they will be changing the way that nurses and others interact with patients and families.

B. Logic Model for Fostering Successful Engagement

In Figure One, a “logic model” was presented depicting the development and outcomes of patient engagement. Figure Two presents a “logic model” for the Strategic Plan that will maximize the contribution of nurses in fostering patient and family engagement successfully.

FIGURE 2: MAXIMIZING THE CONTRIBUTIONS OF NURSES TO PATIENT ENGAGEMENT:

A LOGIC MODEL

Domains of Strategy	Changes in Awareness of Nurses	Changes in Behaviors Among Nurses	Outcomes
<p>Ensuring that all nursing education emphasizes patient engagement</p> <p>Amplifying the professional standing of nurses as champions of patient engagement</p> <p>Strengthening support for nurses as advocates in the care environment of patients</p> <p>Aligning incentives to encourage patient engagement</p> <p>Elevating regulatory expectations and standards that support patient engagement principles in practice</p> <p>Intensifying efforts to conduct and disseminate research on patient engagement</p>	<p>All nurses respect patient/consumer' place at the center of health care decision-making and in accordance with principles of patient centered care</p> <p>All nurses embrace the belief that patients and families are or can become competent to engage fully in making informed health care decisions</p> <p>All nurses recognize their own important role in supporting patients who are encountering obstacles in the health care system</p> <p>Nurses at front lines:</p> <ul style="list-style-type: none"> Recognize that patient goals, values, preferences, cultural context and particular circumstances must be incorporated into the care plan Recognize that when the patient perspective is not being honored, they will need to be active as an advocate, preferably with rather than for the patient/family <p>Nurses in managerial roles:</p> <ul style="list-style-type: none"> Recognize the impact of organizational structure and culture on the likelihood that engagement will be easy and well supported Recognize the role of rewards and incentives in shaping an organization moving in the direction of fuller engagement <p>Nurses in executive/policy roles:</p> <ul style="list-style-type: none"> Recognize the relationship of patient engagement to achieving Goals of National Quality Strategy Recognize that they may need to lead transformation to achieve full engagement 	<p>At the front lines:</p> <ul style="list-style-type: none"> Listening Speaking in the language of the patient/family (plain English, Spanish, etc.) Using motivational interviewing and other methods of eliciting patient goals/values Seeing the world from the "shoes" of the patient Using key engagement strategies such as bedside and family rounds, bedside change of shift, shared decision making Incorporating patients into advisory committees and QI teams Ensuring patient friendliness of information and technology; facilitating their use by patients Ensuring authenticity of informed consent Advocating effectively whenever necessary for the patient and family <p>In managerial, executive and policy roles:</p> <ul style="list-style-type: none"> Becoming a "champion" for patient engagement and shared decision-making Building small "p" political support for engagement, including use of "business cases" Analyzing barriers and facilitators of engagement from the nursing and patient perspectives Advocating for needed reforms and research 	<p>Proximate</p> <ul style="list-style-type: none"> Increases in scores of nurses on the Clinical Support for Patient Activation Measure Higher nurse work satisfaction, better assessments of work environment, nurse retention Higher scores on Patient Activation Measure Higher prevalence of CFAH "engagement behaviors" among patients/family More self-management of chronic conditions Greater use of evidence in treatment decision making <p>Intermediate</p> <ul style="list-style-type: none"> Improved patient experiences of care scores Increased professional standing of nursing and Supportive care environments where nurses advocate for patients <p>Longer Term</p> <ul style="list-style-type: none"> Improved quality and safety Decreased/Eliminated disparities in care and health across age, gender, race, ethnicity, etc. Reduced overuse of unneeded tests and treatments Increased use of evidence based services Lower costs Improved population health

Figure Two represents the strategies and tactics needed by the profession for all

nurses to achieve the three conditions cited at the beginning of this section. It identifies the increased understanding by nurses of the importance of the patient as the center of health care decision-making, required to achieve these conditions. Increased commitment to the patient's importance can lead to changes in behaviors of nurses where needed. The Figure further identifies the proximate, then intermediate and finally longer-term outcomes of the changes in values and behaviors which will be visible not only among nurses, but also among patients, within health care delivery systems and through the population as a whole.

Strategies to affect these values and changes in behavior are recommended in the following domains, including:

- Ensuring that all nursing education emphasizes patient engagement
- Amplifying the professional standing of nurses as champions of patient engagement
- Strengthening support for nurses as advocates in the care environment of patients
- Aligning incentives to encourage patient engagement
- Enforcing regulatory expectations and standards that support patient engagement principles in practice
- Intensifying efforts to conduct and disseminate research on patient engagement

These six strategies leveraged at the national level as well as locally, according to the model, will lead to increased understanding by nurses of their roles and responsibilities in fostering engagement. More specifically, the strategies lay out examples of the kinds of changes in values and behaviors needing to occur among nurses at the front lines, in communities, for those in managerial roles, and for those in executive, leadership and policy positions. The strategies and the changes in values and behaviors require that nurses embrace their responsibility to make it is easy and beneficial for patients and family members to engage, to share in decision-making, to take actions that positively impact their own health and to gain the benefits of short and long term positive health outcomes. Changes in outcomes reflect what can happen for nurses, patients, and society as a whole when engagement is expected, supported, and widely accepted.

V. FROM MODEL TO ROADMAP: BUILDING A STRATEGIC PLAN TO MAXIMIZE NURSING'S CONTRIBUTION TO PATIENT ENGAGEMENT

While the logic model illuminates a pathway to achieving positive health outcomes for patients, the nursing profession faces the challenge of agreeing on and committing to the specific domain strategies and tactics for raising its own capacity to consistently foster engagement successfully. A national collaborative effort will be required to accomplish the level of capacity building needed for nurses to consistently provide support for patient engagement across all settings and populations. Nursing organizations and other stakeholders will determine the methods for amassing the resources and efforts to address those strategies. The following list represents the range of opportunities in each domain and certain essential steps to achieving them.

A. Ensuring that all nursing education emphasizes patient engagement

To maximize the positive impact of nurses on patient engagement, not only students but all faculty, practicing nurses and advance practice registered nurses (APRNs), nurse administrators and nurse leaders require education consistent with the principles of patient engagement cited at the beginning of this White Paper. This can be accomplished through the following:

- Implementation of a process for identification and inclusion of nursing competencies required for effective patient engagement in standards setting documents such as Nursing: Scopes and Standards of Practice (ANA, 2010), Accreditation standards, Baccalaureate, Masters and DNP Essentials, and NCLEX examination blueprints.
- Development of educational curricula, materials, simulation activities and tools that support the faculty development in the teaching and demonstration of competencies (i.e. QSEN Model)
- Identification and replication of best practices for the ongoing education of practicing nurses in acute, long term and community settings regarding values, principles, and techniques that foster successful patient engagement such as the PAM, shared

decision-making, patient coaching, motivational interviewing

- Inclusion of health care consumers such as patient advisors who will provide perspectives on how nurses could be more effective in fostering engagement than what is currently being practiced
- Development of high-level programs for nurse managers, senior nurse leaders and other executives that create work environments that support nurses and patients to fully engage in every encounter with the health care team in activities such as shared decision-making and advocacy
- Identification and implementation of best practices and other approaches to engage APRNs providing primary care services in employing effective skills such as motivational interviewing, shared decision-making and others that foster successful patient engagement

B. Amplifying the professional standing of nurses as champions for patient engagement

Although nurses are deemed the most trusted professionals, in many situations nurses' concerns have not been treated with respect, even when patients' lives have been at risk. Further, the public and other health care team members may lack understanding of the knowledge and skills nurses possess, resulting in an undervaluing of the nurse's role. Even though patient-centered care and patient engagement are central to nursing theory and practice, for nurses to foster successful engagement effectively, nurses must often challenge other health professionals directly, requiring nurses to be viewed as fully credible as they exert their influence in the work environment on behalf of patients, families, and communities. Key steps to achieving greater professional standing include:

- National and local messaging campaigns to the public and key healthcare stakeholders that communicate:
 - skills and value of nurses as independent professionals who collaborate with patients and family members, complete and document in-depth assessments

- and develop, implement and refine plans of care
- skills of nurses in the use of medical knowledge and information technology
- breadth and depth of nurses' clinical and managerial education and knowledge
- nurses' increasingly highly sophisticated levels of education and capacity to conduct breakthrough research
- value of nurses' expertise in strategic planning and policy making
- Expansion of existing and new leadership programs that prepare nurses to function at a wide range of decision-making "tables" in policy, quality, measurement, health services finance and research
 - Increases in the numbers of nurses holding executive and board-level positions in a wide variety of health care organizations

C. Strengthening support for nurses as advocates in the care environments of patients

Patients will only be successful in taking greater responsibility for their health care decisions and actions if they are well-nurtured in this process, consistently protected from making profoundly negative decisions along the way, and kept safe. Nurses and other health professionals will effectively fulfill this nurturing role if they are likewise developed and visibly and consistently supported by their employers and work environments. Nurses must feel safe in taking on strong advocacy roles and in challenging others who might perceive themselves in stronger power positions. RN Satisfaction Surveys ask nurses about the working relationship among the physicians and nurses in the health care setting, seeking to determine the impact of positive relationships to the safety of patients (American Nurses Association, 2007). A recent New York Times piece showcased one nurse's view of how this relationship affects the safety net that RNs provide for patients (Brown, 2013). The necessary ongoing support for nurses to foster patient engagement effectively in care and decision-making is more likely to occur through work environments, regardless of setting, that:

- Align the organizational mission and vision with patient-centered care broadly, and create a supportive work environment that holds all health care workers and professionals accountable for fostering patient engagement specifically. This requires that organizations recognize both the inherent and the instrumental value of patient engagement
- Commit organizationally to and concretely reflect patient engagement in a variety of practices, including job descriptions, hiring and promotion criteria and personnel evaluations; initial training and orientation of all new employees, not just nurses; ongoing education of health professionals, and sufficient nurse staffing based on Safe Staffing Principles already articulated by the American Nurses Association (ANA, 2012).
- Actively and regularly monitor the work environment through administration of validated instruments such as the Practice Environment Scale, the Nursing Work Index, and nationally recognized RN satisfactions surveys
- Employ instruments that measure commitment to patient engagement in organizational cultures such as the Hospital Survey on Patient Safety Culture (AHRQ, 2004) and the active involvement of patients and family members in key decision making groups, quality improvement teams and professional development activities
- Utilize opportunities such as the Magnet Recognition Program of the American Nurses' Credentialing Center, a formal program that evaluates work environments of nurses, to incorporate in its criteria, explicit attention to demonstrated effective patient engagement

D. Aligning incentives to encourage patient engagement

Tactics that incentivize health systems and nurses to value the competence of the patient and family in shared decision-making and actions that improve health need not rely entirely on altruism as a motivating force. Monetary considerations can be leveraged as

well. The following have the potential to positively impact behaviors that lead to better outcomes for patients:

- Advocacy for inclusion of specific language requiring demonstrated evidence of effective patient engagement in the Centers for Medicare and Medicaid Services “conditions of participation” for any organization seeking reimbursement for services to Medicare beneficiaries
- Recognition and weighting of tasks and interventions that foster successful patient engagement, such as shared decision-making, health coaching, motivational interviewing and others, in patient acuity and workload systems
- Recognition of the importance of the above tasks and interventions in criteria that recognize nurses in clinical ladders and promotion
- Financial recognition that supports primary care practices as the ideal setting in which to create success for providers and patients who engage in shared decision-making, motivational interviewing and other tactics. More patients experience health care in communities and via their primary care providers than in institutional settings. If patients experience and learn to expect the primary care environment to be supportive of their engagement, they will begin to expect it across other settings as well.
- Renewed efforts to fund and capture data showing the efficacy of nurse-managed health centers in improving the outcomes of care through patient activation and engagement

E. Enforcing regulatory expectations and standards that support patient engagement principles in practice

Health care is a highly regulated industry. National, state and local organizations all bear some level of responsibility for setting and enforcing minimum standards and requirements intended to protect consumers, employers, insurers, providers and others. Some are voluntary; many determine levels of payment for goods and services. Others

determine who may be permitted to practice and the scope of that practice. Tactics such as those below can support institutionalization of patient engagement principles and practices. Nursing will seek to:

- Leverage the power of key accreditors such as Joint Commission (TJC), the National Committee for Quality Assurance (NCQA) and URAC by including criteria pertinent to the demonstration of effective patient engagement in environments such as acute care hospitals, health care/medical homes, ambulatory clinics, long term care facilities, and providers' offices that can lead to institutionalization of the principles and practices that ensure patient engagement
- Collaborate with state boards of nursing to ensure that the Model Practice Act and state Nurse Practice Acts enforce through licensure the expectation that nurses will advocate for and support patients in shared decision-making and other interventions to keep patients safe from harm due to preventable events

F. Intensifying efforts to conduct and disseminate research on patient engagement

Nursing research that adds to the body of knowledge regarding effective interventions to support patient activation and engagement will be strengthened by:

- Initiation of a national research agenda seeking to identify interventions that produce patient activation, support well-informed health care decision-making by patients and families and identify effective tools for increasing nurses' skills and behaviors that foster successful engagement
- Encouragement of the Patient Centered Outcomes Research Institute to include funding for research that enhances nursing's understanding of the conditions, barriers and effective interventions that contribute to patient activation and engagement across different patient populations and settings of care
- Identification of existing measures and development of new measures that describe variations in nurses' attitudes and beliefs about patient engagement; nurses'

confidence in their ability to be successful in fostering engagement as well as the level of those skills; nurses' assessments of the organizational and community environment in which they work, in particular the extent to which it supports patient engagement efforts; and the extent to which specific engagement strategies and tools are being implemented, both in care delivery settings, in organizational settings, and in policy-making settings

- Engagement with other disciplines to determine appropriate measures of outcomes of effective engagement and shared decision-making
- Success in gaining other sources of funding that will support nurses to conduct translational research focused on educating nurses and other health professionals in creating provider patient relationships, and other conditions that foster and support patient engagement

VI. CLOSING THE DEAL

Nurses serve many functions across virtually every health care setting including the community, and from primary care to tertiary care. Nurses work directly with patients and families; they also have pivotal positions coordinating the work of multiple health care disciplines, monitoring and driving quality improvement and in setting overall strategy and policy. Nurses are experts in assessment, planning and coordinating care in and across the settings of care, anticipating, monitoring and responding to changing conditions that necessitate modifications in plans of care and care processes. Nurses are critical to the exchange of information with patients, families and other members of the health care team. Their sensitivity and respect for the diversity of culture, race, ethnicity, and sexual orientation is demonstrated by their well-honed communication skills, their customized planning and evaluation of care, and use of technology. Nurses have been taught to be the patient's advocate and to exert leadership within the clinical unit, across various settings of care and at the organizational level and beyond. Nurses also operate in the

worlds of education, research, regulation, business and policy.

The cross-cutting roles played by nurses across most settings provide the profession the strategic leverage not only to change nurses' own practices, but to also transform health care delivery in the direction of patient engagement and patient centered care. Nursing takes on tremendous responsibility within the health care environment on behalf of patients. Yet nursing must become even more focused on the patient and family as the center of the world in which health and health care are provided.

This White Paper has described the empirical case for nursing as a profession and for nurses as individuals, educators and leaders to commit to fostering and supporting all consumers as they meet the challenges of making health and health care decisions. Without consumers becoming effective and competent in these decisions, the consumer's capacity to take actions that affect their lives as well as those of the community in which they live will continue to be compromised.

This White Paper has provided a high level strategic plan encompassing six domains. Tactics have been identified that can move this strategic plan to fruition if nursing organizations and nurses that represent every patient care setting and every population provide a strong, united commitment to the strategic plan. The need for unity of effort cannot be overstated in advancing this transformational work.

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ATTRIBUTIONS and ACKNOWLEDGEMENTS

Funding for this White Paper was made possible [in part] by grant 1R13 HS21600-01 from the Agency for Healthcare Research and Quality (AHRQ). The views expressed in written publications do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

This grant was obtained on behalf of the Nursing Alliance for Quality Care by the George Washington University School of Nursing's Dr. Mary Jean Schumann, DNP, RN, CPNP, FAAN, NAQC Executive Director, and Dr. Nancy L. Falk, PhD, MBA, RN, co-principal investigators. Special thanks go to the collaborative efforts of George Washington University School of Nursing Dean Jean Johnson, PhD, RN, FAAN, faculty member Dr. Kim Acquaviva, PhD, and doctoral students Regina Hymer, MSN, RN and Kathy Phillips, MSN, RN for their participation in the preparation of the proposal.

This White Paper was commissioned by the Nursing Alliance for Quality Care and prepared by Dr. Shoshanna Sofaer, Dr.P.H. and Dr. Mary Jean Schumann, DNP, MBA, RN, CPNP, FAAN.

Special recognition goes to the Nursing Alliance for Quality Care (NAQC) organizations and their representatives who supported this work, contributed to its contents and gave final approval.

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- **National Association of Orthopedic Nurses**
- **National Gerontological Nursing Association**
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We acknowledge the significant contributions of the Expert Panel who devoted their expertise and time to reflect on nursing’s contribution to successful patient and family engagement.

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We acknowledge the contributions of Conference* speakers and participants who provided feedback about the White Paper during the Conference Listening Sessions. We extend a special thank you to the Co-leaders of the Listening Sessions, Joanne M.Pohl, PhD, ANP-BC, FAAN, FAANP and Shoshanna Sofaer, Dr.P.H. and to Mina Shyu, NAQC Program Coordinator, whose many contributions made this conference run smoothly.

***Nursing Alliance for Quality Care National Consensus Conference on Nursing's Contributions to Fostering Successful Patient Engagement November 12-13, 2013.**

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