



VA
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Defining
EXCELLENCE
in the 21st Century



Office of Nursing Services 2011 Annual Report

Celebrating 81 Years of Nursing Excellence

FUTURE OF NURSING

/ CARE

*Core Values: Integrity, Commitment, Advocacy,
Respect, Excellence, Characterized as being,
Trustworthy, Accessible, Quality-oriented,
Innovative, Agile, Focused on Integration*

Linking the Institute of Medicine (IOM) Future of Nursing Recommendations to The National Nursing Strategic Plan and VA Core Values

In an era of unprecedented change in healthcare, VA Nursing continues to accept each challenge as an opportunity to meet the needs of the Veterans and their families; and to develop trailblazing approaches that are often recognized as best practices by other care systems. The recent publication of VA Core Values and Characteristics by the Honorable Eric K. Shinseki, VA Secretary, and the 2010 Institute of Medicine (IOM), Future of Nursing, recommendations serve as guideposts for charting our course for continued excellence.

The theme for this year's annual report-*The Future of Nursing* - showcases the great strides the VA nursing community has taken in 2011 and describes plans for future years. The IOM Future of Nursing recommendations and the VA core values and characteristics provide the framework for the annual report theme. The format of the report highlights a shared governance model between field advisory groups and Office of Nursing Services (ONS).

As VA nurses, we are empowered and entrusted to be engaged in leading change and advancing health. Collective forward-thinking efforts drive excellence for 21st Century VA healthcare.



Cathy Rick RN

Cathy Rick, RN NEA-BC, FACHE, FAAN
Chief Nursing Officer



Core Values "I CARE"

Integrity **C**ommitment
Advocacy **R**espect
Excellence

characterized as being:

**Trustworthy, Accessible,
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FUTURE OF NURSING

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Celebrating 81 Years of Nursing Excellence

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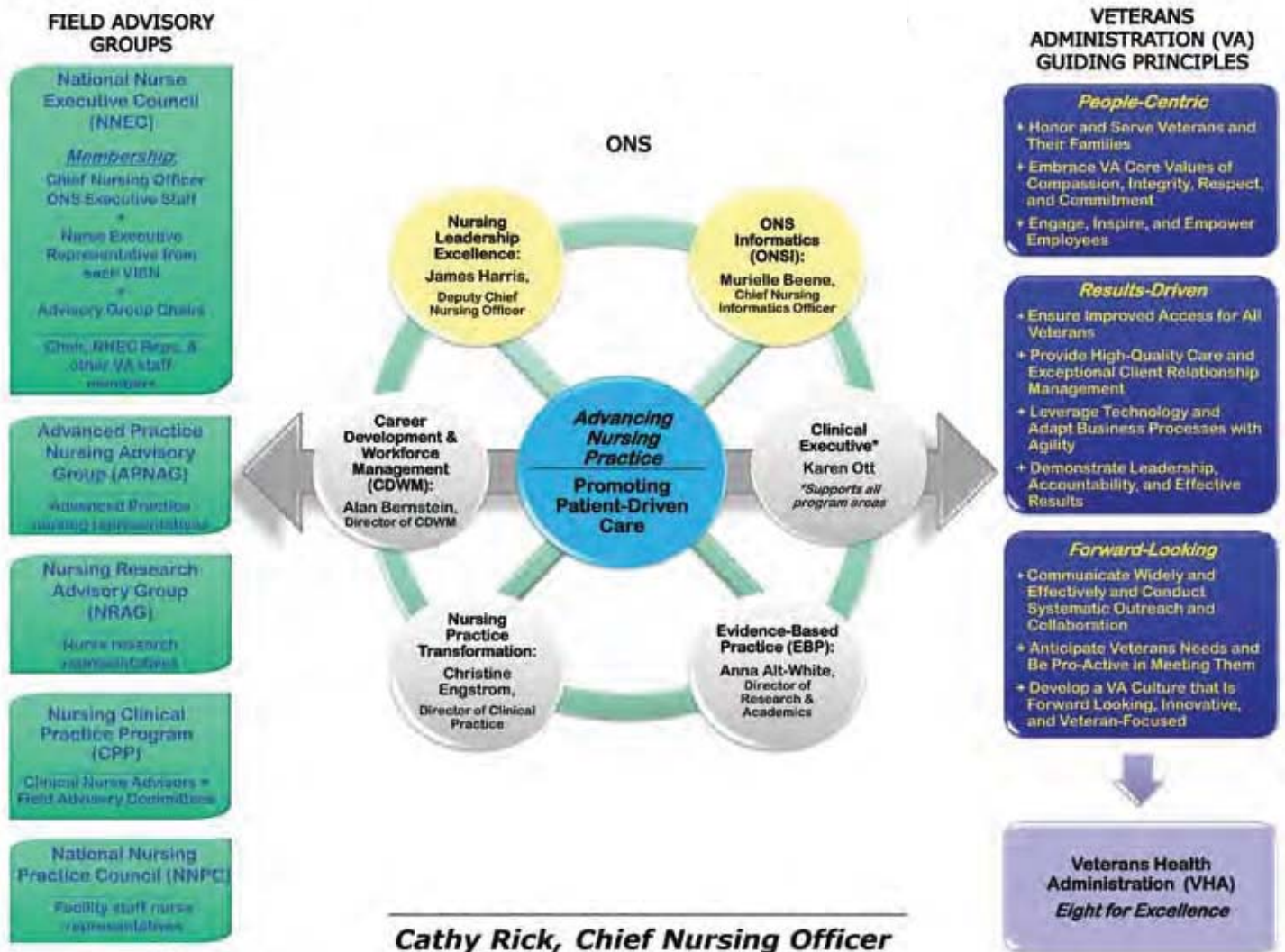
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Office of Nursing Services (ONS)

Functional Model



IOM Recommendation One

Remove scope-of-practice barriers.

THE ADVANCED PRACTICE NURSING ADVISORY GROUP

The Advanced Practice Nursing Advisory Group continues to serve ONS and the field on Advanced Practice Registered Nurse (APRN) issues in VHA in an advisory capacity for all issues related to the APRN in the implementation and evaluation of the national nursing strategic plan.

2011 Accomplishments:

- Developed and submitted a position paper to ONS supporting implementation of federal supremacy for independent APRN practice in VHA in an effort to remove scope of practice barriers for APRNs and allow them to work to the full extent of their education and training. Assisted with development of Frequently Asked Questions for APRNs regarding independent practice
- Developed, edited and submitted the APRN definition, role and practice statement for the 2011 ONS Nursing handbook
- Submitted revisions to ONS for Patient Aligned Care Teams (PACT) Nurse Practitioner (NP) Functional Statement
- Revised VHA Policy “Establishing Medication Prescribing Authority for APRNs”
- Reviewed Focused Professional Practice Evaluation / Ongoing Professional Practice Evaluation (FPPE/OPPE) processes and identified best practices and exemplars.
- Planned third annual National APRN Conference (August 17-19, 2011) for 350 APRNs with Evidence-Based Practice, Systems Redesign, Credentialing & Privileging, and FPPE/OPPE content
- Responded to queries from the field from Nurse Executives, APRNs individually and groups regarding specific APRN issues, i.e. credentialing, prescribing, etc.
- Planned (sponsored) and trained fellow APNAG members using TeamSTEPPS Master Trainer Course

Resources:

- APNAG’s APRN Newsletter may be found on the ONS Intranet Site: <http://vaww.va.gov/nursing/apn.asp>

Presentations and Resources from the VHA Advanced Practice Nurses: Sailing the Winds of Change Conference held August 17-19, 2011 may be found at: http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=27819

VHA NURSING HANDBOOK

The purpose of the VHA Nursing Handbook is to provide guidance for the delivery of nursing care and to articulate patient centered nursing practice within the Veterans Health Administration (VHA). The handbook provides direction to assist in decision-making and program development related to nursing practice and guidance inclusive of all nursing practice environments, populations, technologies and workforce designs. Professional nursing practice concepts are described to reflect evidence-based practice for current and future efforts. The Handbook includes descriptions of:

- VA Nursing Mission, Vision, and Values and Philosophy
- Organizational Structure of VHA Nursing at the Central Office, VISN, and Medical Center levels
- Organizational and Individual Practice Expectations
- VHA Nursing and Nursing Career Development

THE ACADEMY FOR THE IMPROVEMENT OF MICROSYSTEMS

The Academy for the Improvement of Microsystems (AIM) is a collaborative partnership between the Office of Nursing Services and the Midwest Mountain Veterans Engineering Resource Centers (VERC) to foster the development of the Clinical Nurse Leader role through an inter-professional approach emphasizing systems redesign and flow improvement. The Academy will serve as the foundation to guide medical centers toward implementation and sustainment of the CNL role, and evaluate practice outcomes. By the end of the first cohort session (extended into first quarter FY 2012), participants will be engaged in the process of quality and safety practice improvements utilizing the CNL role at the microsystems level.

IOM Recommendation Two

Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.

EVIDENCE-BASED PRACTICE (EBP)

The Evidence-Based Practice (EBP) committee of the National Nurse Executive Council (NNEC) has expanded opportunities for VA nurses to lead and diffuse collaborative improvement efforts in inter-professional teams by sponsoring annual workshops that promote EBP champions. In 2011, 32 staff from 16 facilities participated in a 3-day EBP pressure ulcer prevention workshop. Following the workshop, participants were assigned EBP experts as mentors, who facilitate transferring the knowledge gained to implementation of evidence-based practices at individual facilities. In the past 3 years, staff from 48 VA facilities have participated in these trainings, that have included catheter associated urinary tract infections, fall prevention, and bedside shift handoffs.

THE CLINICAL PRACTICE PROGRAM

The Clinical Practice Program is composed of seven field advisory committees (FAC) and three workgroups who advise the Office of Nursing Services about the assessment and design of a broad range of specialty nursing practice initiatives and evaluation of nursing-sensitive clinical outcomes across all care settings. Each group collaborates with VA Medical Centers and VISNs, other VA Central Office Program Offices and advisory groups, and professional organizations to develop, recommend and disseminate evidence-based practices, and education and training to continually optimize specialty nursing practice.

Clinical Practice Program FAC or Workgroup:	2011 Accomplishments:
Cardiology FAC	<ul style="list-style-type: none"> • Provided nursing input for requirements for the Veteran Implant Tracking and Alert System (VITAS) • Developed competencies for nurses working in critical care and telemetry
Geriatrics FAC	<ul style="list-style-type: none"> • Developed core competency tool for ACNS for Geriatrics core competency program • Submitted recommendations for conversion of Title 5 Nursing Assistant positions to Hybrid Title 38 positions • Developed recommendations on Recruitment/Retention of Gerontology/ Geriatrics trained professionals as part of Healthcare for Aging Veterans Executive (HWAVE) Task Force • Developed oral hygiene toolkit and competency for a pilot project at the Pittsburgh CLC
Mental Health FAC	<ul style="list-style-type: none"> • Contributed guidance regarding enhancing capturing Mental Health workload to a VHA directive (in concurrence) • Developed a staff nurse guide for patient groups (in final edits) • Developed fact sheets which are being evaluated at VA facilities • Created toolkit for psychiatric patients with diabetes in collaboration with the Metabolic Syndromes / Diabetes Mellitus FAC
Metabolic Syndromes/ Diabetes Mellitus FAC	<ul style="list-style-type: none"> • Developed diabetes guidelines and toolkit for PACT (in final edits, expected 8/2011) • Developed scripted diabetes dialogue for Care Coordination Home Telehealth RNs • Developed 5 modules for PACT RN Care Managers that address 7 self-care behaviors for people with chronic diseases, metabolic syndrome and diabetes (2 are still in development)

Clinical Practice Program FAC or Workgroup:	2011 Accomplishments:
	<ul style="list-style-type: none"> • Developed 5 modules for PACT RN Care Managers that address 7 self-care behaviors for people with chronic diseases, metabolic syndrome and diabetes (2 are still in development) • Developed guidelines and protocols for Project SCAN-ECHO (Specialty Care Access Networks) for Diabetes in collaboration with multiple program offices for the Specialty Care Transformation • Ensured Krames on demand concordant with VA/DoD diabetes guidelines in collaboration with Nutrition Services • Represent ONS on Medication Reconciliation, National Clinical Reminder, Metabolic Syndrome / Diabetes Field Advisory and VA Quality Enhancement Research Initiative (QUERI) Executive Committees
Oncology FAC	<ul style="list-style-type: none"> • Published three peer reviewed publications and one presentation; members currently working on 4 VA-funded studies • Completed Phase 1 of development of Breast Cancer Care measures in collaboration with The Joint Commission and Oncology Nursing Society • Developed Chemotherapy Induced Nausea Vomiting Measure including documentation assessment for antiemetic control for Lung Cancer measures • Consulted with two VA Medical Centers regarding chemotherapy procedures • Developed core competency handbook for VHA nurses administering chemotherapy and biotherapy • Collaborated with the VHA National Oncology Program Director/Vanderbilt Chemotherapy Ordering project • Developed Cancer Care Coordinator Advisory Group within the VHA Cancer Care Collaborative to ensure timeline diagnosis and treatment through coordination of cancer care services
Perioperative FAC	<ul style="list-style-type: none"> • Formed the SPD Workgroup to work in a consulting role for Reuseable Medical Equipment/Sterile Processing Distribution (RME/SPD) program issues. The group submitted a white paper to the Office for Clinical Operations and ONS and represent ONS on RME cleaning and biological implant subcommittees • Developed educational intervention to ensure correct site surgery for the Office of the Under Secretary for Health, including LMS review, and train the trainer manuals for VISNs and facilities • Launched follow-up survey for Medical Team Training (MTT) • Developed VHA Directive for two levels of Ambulatory Surgery Centers with approved procedures (CPT Codes) for each level and equipment needed for the center
Polytrauma / Rehabilitation FAC	<ul style="list-style-type: none"> • Advised Office of Social Work about criteria for caregiver legislation implementation • Developed Spinal Cord Injury criteria for VA DOD Transfer Summary • Authored White Paper on standardization of nursing in Blind Rehabilitation presented at a face to face meeting with Blind Rehabilitation Program Office in June 2011 • Authored Clinical Practice Guidelines and guides for patient/ family education for Traumatic Brain Injury • Represented ONS in developing national policy about service animals
ED Workgroup	<ul style="list-style-type: none"> • Completed initial triage draft of evidence-based standardization of competencies • Developing draft guidelines for standardization of educational offerings and competencies
ICU Workgroup	<ul style="list-style-type: none"> • Developing Clinical Practice Guidelines for Cardiac monitoring

Clinical Practice Program FAC or Workgroup:	2011 Accomplishments:
Pain Management Workgroup	<ul style="list-style-type: none"> • Developed an evidence statement for patients with dementia, to be used in the consensus statement for assessing cognitively impaired patients • Provided representation on the national opioid agreement and educational tools to the National Pain Committee (in concurrence) • Provided guidance for VA Nursing Outcomes Database (VANOD) pain assessment template • Developed evidence-based pain management outcomes and advocated for inclusion in National Database for Nursing Quality Indicators

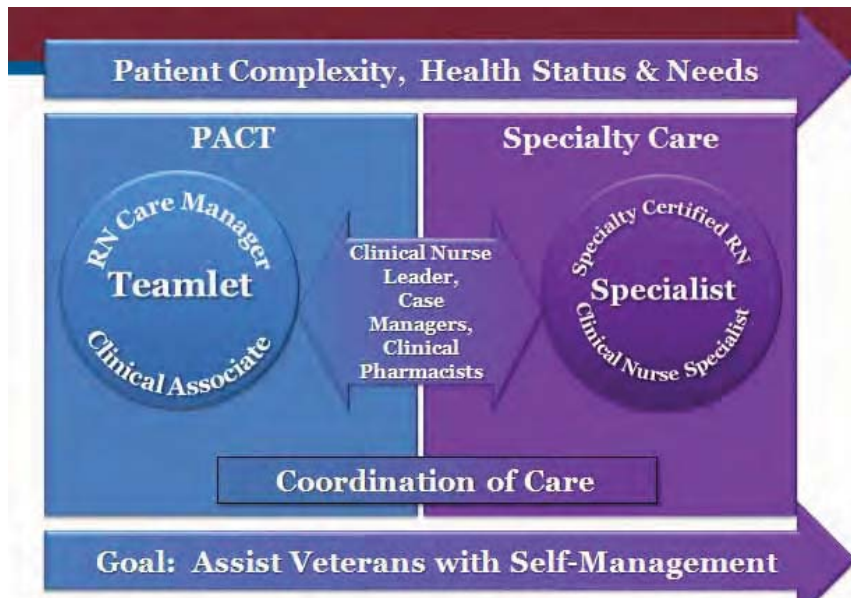
NURSING EFFORTS IN THE PATIENT ALIGNED CARE TEAM (PACT)

Patient Aligned Care Teams are a patient-driven, team-based approach that delivers efficient, comprehensive and continuous care through active communication and coordination of healthcare services. ONS continues to work in collaboration with the Office of Primary Care and other stakeholders to provide nursing guidance as VA implements PACT.

- **PACT Collaboratives:** Five regional PACT Collaboratives are jointly led by RN and physician co-leaders, who with the PACT coordinators and coaches train pilot teams from each facility to spread and sustain PACT over six Learning Sessions. RNs representing ONS developed and delivered numerous breakout presentations on the RN Care Manager role including topics on smoothing transitions, and population and panel management, and Clinical Associate role on focused assessment. Guidance for Unlicensed Assistive Personnel (UAP) roles emphasized working to the full extent of skill and ability, and balancing workload and standardizing processes.
- **PACT Community of Practice:** A RN representative from the Office of Nursing Services co-chairs the PACT Community of Practice (COP) Calls. These calls provide a forum for PACT teams to share strong practices and lessons learned. The PACT Community of Practice call is held on the first Thursday of the month at 3:00 pm Eastern on VANTS (1-800-767-1750) Access Code 43819#.
- **High Risk Patient Tracking Tool:** Representatives from ONS provided guidance for a web-based application integrating high risk patient clinical and social information needed to evaluate PACT patients so it would meet RN Care Manager and teamlet member needs. The program identifies high risk patients, care plan development, and task lists for patient management; it will be accessible from the CPRS tools menu.
- **Transformational Initiative Learning Centers (TILC):** RN representatives from ONS developed and later revised components of the PACT Learning Center curriculum, including training for nursing roles, processes and priorities, care management and coordination, transitions, developing protocols, and nurse-run clinics. Several RN representatives from ONS also actively participate in the TILC Centers of PACT Excellence as well as the PACT Curriculum Advisory Board.
- **Consultation Teams:** A RN representative from ONS actively participated in the Consultation Team program development and selection of five Consultation Team members, which include a RN, a physician, and administrative expert to conduct individual clinic site visits as requested to provide guidance to develop strong PACT practices.

SPECIALTY CARE TRANSFORMATION

The Office of Nursing Services continues to collaborate with the Office of Specialty Care Services to transform Specialty Care Nursing through a transformational initiative in the New Models of Care. To address lack of coordination with primary care, extensive veteran travel with long wait times, and variation in care delivery for specialty services, Specialty Care Services will transform to create a strong interface with PACT, assess current workload and team-based care, enhance access to advanced disease management regional support models, and develop innovative training models for clinicians to work at the top of their license.



- **Clinical Program Manager:** ONS hired a Specialty Care Clinical Program Manager, Michelle Lucatorto, DNP FNP-BC to be liaison between the offices and to implement this transformation in the field.
- **Specialty Care Conference:** ONS representatives participated in an annual face to face conference with Specialty Care and gave nursing guidance through focus groups and an initial survey.
- **Specialty Care Access Network - Extension for Community Healthcare Outcomes:** SCAN-

ECHO is a video-teleconferencing tool that clinicians use to present cases to a panel of their peers across regions to request additional diagnostic treatment guidance. This technology will be implemented across the VA; teams started meeting in May 2011 to review clinical evidence and implementation timelines. APRN's management of complex patient cases will be a major focus of this tool's implementation.

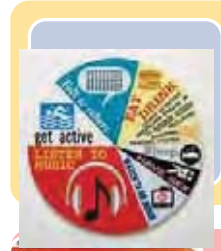
- **E-Consults:** Also known as chart-only or virtual consults, nursing will continue to provide guidance regarding the standardization and education of consult practices based on an existing pilot from VISN 4. This technique aims to reduce the need for specialists and Veteran travel.
- **Phone Consults:** This approach attempts to increase access to specialty care through the use of a VISN on-call system. Specialists at facilities with high complexity of care, will take calls from telehealth centers on designated days with support from telehealth coordinators to cover all Medical Centers and Community-based Outpatient Clinics (CBOCs). ONS will continue to support Specialty Care Services as this is implemented.
- **Transformational Initiative Learning Centers:** The Specialty Care Transformation will adopt methods similar to that of the PACT TILCs to initially train specialty care teams on the transformational tools, technologies and changes.

HEALTHY WORK ENVIRONMENT (HWE)

This year the National Nurse Executive Council (NNEC) Workforce Management group, created a Healthy Work Environment (HWE) subcommittee to develop and implement nursing initiatives to support healthcare practices and employment conditions that promote quality patient outcomes, optimal system performance and support of professional growth from a Veteran-centric and team-based perspective. The sub-committee has begun by working in collaboration with the

Office of Employee Health and Disease Prevention; specifically the Wellness is Now (WIN) program and the Employee Wellness Office to launch their first initiative. During Nurses Week 2011, the group lent support to Employee Wellness program and the WIN program by expanding the American Nurses Association (ANA) 2011 Nurses Week slogan to **“Nurses Trusted to Care—Caring Starts With You”**. The concept embraces a commitment, not only to Veterans, but to each member of the health care team. In order to care for others, there is a need to ensure that VHA nurses are caring for themselves, to be more effective as individuals, partners, parents, spouses, and healthcare professionals.

Healthy Work Environment for Nursing: Phase I Focus



WELLNESS: Stress Management

- Assessment Tool(s) – test existing or develop new
- Intervention Menu – customizable menu of options
- Evaluation measures
- National Recognition Program



PROFESSIONALISM: Value –of professional practice

- White Paper
- Develop Measures
- Business Case
- Refine measures & build into automated systems (DSS, VANOD)



CAREER DEVELOPMENT: Experiential Opportunities

- RN Residency
- Care Delivery Practica – Detail/Orientation in OR, ICU, Oncology, etc for all eligible* nurses
- Permanent Placement Programs – Facilitate staff transfers to new areas

2011 Health Risk Assessment (HRA) Competition

- Each Associate Director for Patient Care Services/Nurse Executive encouraged nurses to complete the confidential online HRA, coordinated by the Employee Wellness program (www.VAemployeewellness.com) as the first step in creating a personal wellness profile/program
- In May 2011, ONS launched a competition to motivate nursing units to achieve the highest percentage of HRAs completed by August 2011
- Every employee who completes the HRA receives a promotional item provided as an incentive from the WIN office
- In September 2011, the winning units at each medical center will receive a plaque from ONS in recognition of their success and commitment to health
- WIN will provide a \$10,000 grant to the medical center highest HRA completion rate
- The Office of Employee Wellness will also award the winning facility a substantial health related item, tailored to the winning medical center's request (e.g. exercise equipment, construction funds toward an exercise gym)

Healthy Work Environment for Nursing (HWEN)



NATIONAL NURSING EMERGENCY MANAGEMENT WORKGROUP

The National Nursing Emergency Management Workgroup (NNEMW) provides expertise and advice to the Chief Nursing Officer and the NNEC on nursing emergency management issues. The workgroup serves in an advisory capacity to the NNEC and the Chief Nursing Officer for national level emergency management committees and other VHA committees related to emergency management, e.g., National Emergency Medical Field Advisory Committee (NEMFAC), National Emergency Medical Response Teams (NEMRTs), and Disaster Emergency Management Personnel System (DEMPS).

Goals for 2011-2012:

- Develop emergency management and response nursing competencies within the framework of the VA's Comprehensive Emergency Management Program
- Identify educational programs and opportunities specific to current emergency response concerns and health issues
- Continue to train all levels of nursing staff during the 2011 National Field Deployment Training events
- Continue to recruit nurse executives for senior management team positions to serve during national deployments

2011 Accomplishments:

- Expanded workgroup to more broadly represent the VHA system and nursing expertise/specialties for emergencies and disasters
- Developed Quick Series book on just-in-time training for non-clinical volunteers who want to help during emergencies to accompany the DVD developed in 2010
- Revised ONS Nursing Emergency Management Internet website: <http://www.va.gov/NURSING/emergencymgmt.asp> and the ONS Nursing Emergency Management Intranet website: <http://vawww.va.gov/nursing/emergencymgmt.asp>.

IOM Recommendation Three

Implement nurse residency program.

RN RESIDENCY PROGRAM



In January 2009, after developing a business case, ONS launched a 12-month pilot of a Nurse Residency Program at eight VHA facilities of various complexity of care levels. The program's curriculum focuses on refinement of graduate nurse clinical competencies, and development of professional nursing roles and leadership characteristics. The program utilizes a variety of educational strategies including classroom education, precepted clinical experiences, monthly meetings, group clinical debriefings, one-on-one mentoring, and an evidence-based practice project. All findings indicate the program was successful and ultimately proved beneficial to every facility in the pilot, resulting in a 100 percent RN retention rate. This further solidified the foundation to support the national launch of the program. As the RN Residency Program is enhanced and implemented nationally, VHA should continue to be positively impacted by the program.

2011 Accomplishments:

- Developed Detailed Pilot Evaluation and Return on Investment Report
- Launched RN Residency Intranet Site: <http://vaww.va.gov/nursing/RNres.asp>
- National Program Release and Training: Fall 2011

CLINICAL NURSE LEADER (CNL) RESIDENCY PROGRAM

The VHA Clinical Nurse Leader Residency Program is a six-month program intended for new Clinical Nurse Leaders (CNL) that guides the CNL using facilitation and mentoring by a facility-based preceptor, residency coordinator/director, and optional academic affiliate advisor or CNL mentor through a core curriculum of five learning domains currently in development. This program is not currently affiliated with any schools of nursing, but serves as a transition from academic programs to successfully transform VHA CNL practice.

The program is intended for:

- Newly graduated CNLs pending certification
- Newly certified CNLs orienting their practice to VHA
- Certified CNLs in practice with interest in growing or refreshing their CNL performance, with supervisory approval

IOM Recommendation Four

Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.

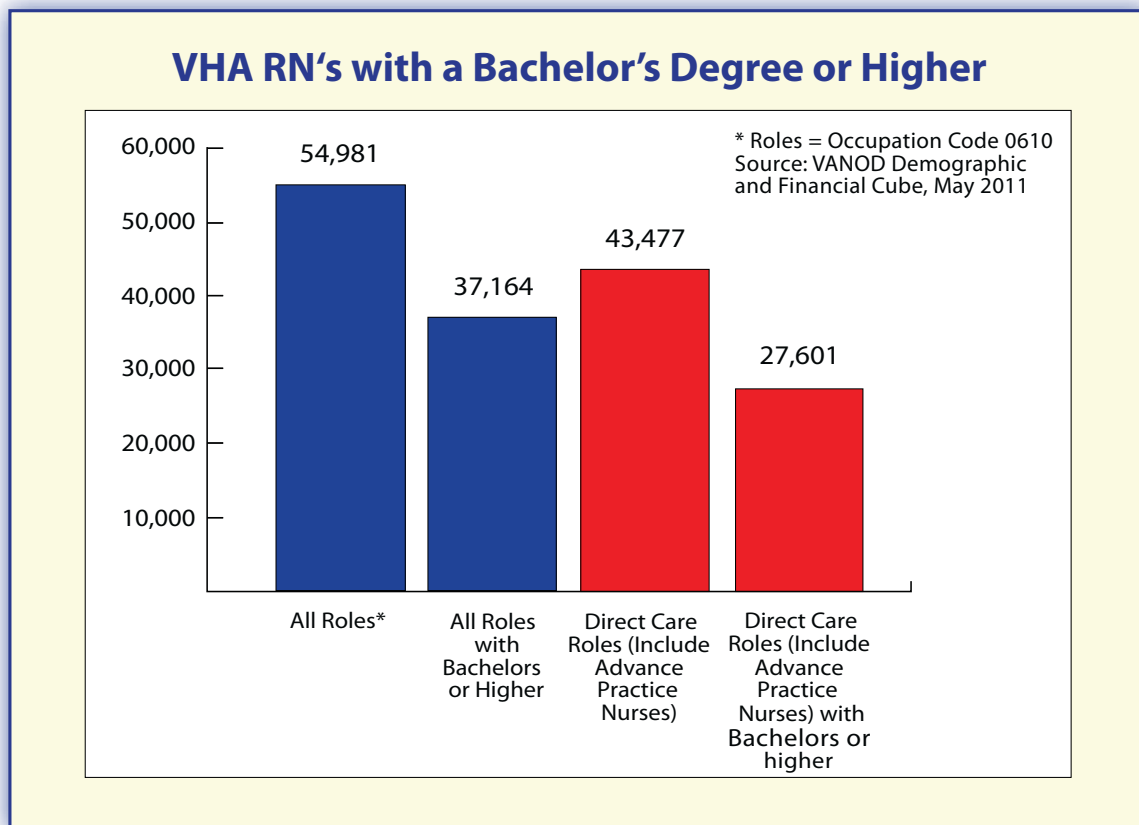
VA NURSING ACADEMY

The VA Nursing Academy is a partnership with accredited nursing schools to provide compassionate, highly educated nurses to look after the health care needs of the nation's Veterans. In 2007, VA established a VA Nursing Academy (VANA) five-year, \$59 million pilot program: Enhancing Academic Partnerships & Programs that aims to address the nursing shortage within VA and the nation. Individual VA facilities partner with schools of nursing to address shortages by:



- Expanding faculty and professional development
- Increasing nursing student enrollment, primarily in baccalaureate programs although some increases in graduate programs may also occur
- Providing opportunities for educational and practice innovations
- Increasing recruitment and retention of VA nurses as a result of enhanced roles in nursing education

In the 2010-2011 academic year, VANA sponsored 640 positions for nursing student enrollment.



Special Feature Section

VA Educational Support & Testimonials.

THE NATIONAL NURSING EDUCATION INITIATIVE

The National Nursing Education Initiative (NNEI) supports the opportunities for VA's registered nurses (RN) to complete or expand their formal education by providing funding and other assistance for their academic pursuits. Since inception of the NNEI program in 2000, 257 scholarships have been awarded to RNs pursuing doctorate degrees and 4,795 have been awarded for baccalaureate degree through FY 2010.

SUPPORTING THE FUTURE OF VA NURSING THROUGH TODAY'S EDUCATIONAL INITIATIVES:

TESTIMONIALS

"I am grateful to have the opportunity to pursue a doctoral degree at the Uniformed Services University of the Health Sciences. The Graduate School of Nursing's mission to support federal health services provides a unique opportunity to focus on federal issues and to study and learn with colleagues from other federal agencies. The guidance and support I have received from my supervisor and other VA colleagues have been invaluable in developing a research topic that will support VA's fourth mission--to serve as backup to DOD health system in war or other emergencies and to support communities following disasters."



Mary Pat Couig, MPH, RN, FAAN
Program Manager, Special Projects/Emergency Preparedness
Office of Nursing Services

"I have been privileged to receive NNEI support for completing my BSN degree, as well as the Jesse Brown Memorial Scholarship in 2010. The education I have received has been valuable in helping me to continue to provide the best, evidence based care to my patients."



Angela Sekosan, RN, BSN, CCRN, CMC
Staff Nurse on 4W, MSICU
Jesse Brown VAMC

"The support I received during my doctoral studies from the chief and associate chief of primary care services was incredible. For this reason I conducted and implemented my doctoral evidence based practice change project, which demonstrated cost saving for this institution. This experience was very valuable and I feel it is my responsibility to share my newly obtained knowledge, mentor, and guide my co-workers. To date, I am currently mentoring five other evidence-based practice change projects to further benefit the Veterans and this institution. I enjoy the teaching aspect that my new degree affords me."

Melinda L. Jacobs, DNP, ARNP-C
Adult/Geriatric Nurse Practitioner,
Primary Care Services
Tucson VA Medical Center

"I returned to school 17 years after completing my Master's Degree in nursing. Completing my Doctor of Nursing Practice (DNP) was the best professional and personal educational stimulant I've ever done for myself. Nurse Executives serve as role models to their staff; since completing my own doctoral studies four of my staff have completed their programs and four more are currently pursuing their doctoral degrees. It's contagious!"



Greg Eagerton, DNP, RN, NEA-BC
Associate Director for Patient / Nursing Service Birmingham VA Medical Center

"I returned to school in August of 2009 to obtain my master's degree in nursing. I received financial assistance to support my return to school through the VA tuition reimbursement program as well as the NNEI scholarship program. Administration at my facility fully supported my return to school and provided me with opportunities to enhance my educational experience. My return to school has not only furthered my knowledge as a nurse, but it has allowed me to learn more about this organization and the opportunities that we have to serve our veterans."

Karin Pettit, MSN, RN
Adam Benjamin Jr.
VA Outpatient Clinic
(Crown Point)

"There are many tangible benefits to being a VA nurse but the best by far is the ability to advance your education using one of the VA scholarship programs. I'm fortunate to have received NNEI funding to complete a DNP program. The DNP has broadened my thinking and approach to clinical practice in ways I couldn't have predicted. I can say without hesitation that having access to an NNEI scholarship made the decision to return to school very easy."

"I completed my DNP (Executive Leadership Program) recently from Rush University with tuition support from the NNEI scholarship fund. This has been the best educational experience I ever had. It was definitely tough...Since heart failure (HF) is a huge problem I went in with a Nurse-run HF program in mind. The whole journey in researching, redesigning systems, building teams, educating and in-servicing staff, Institutional Review Board (IRB) process, and data collection and evaluation has been an eye opening and growth experience. In addition I got an opportunity to network with executive and other professional nurses from all around the country. We have presented our program to the VA QUERI. We have also done poster presentations (nationally), goal sharing, etc. To top it all we now have a program that fulfills veterans and providers needs, and is counted as evidence of best practices. It would not have been possible without the DNP and NNEI support."



Karen Ott, MSN, RN
Clinical Executive Office of Nursing Services
VA Central Office



Char Brar, DNP, ACNP-BC
Cardiology Nurse Practitioner
Jesse Brown VA Medical Office

IOM Recommendation Five

Double the number of nurses with a doctorate by 2020.

NURSING PRE- AND POST- DOCTORAL FELLOWSHIPS

The Office of Academic Affiliations (OAA) sponsors Nursing Pre- and Post-Doctoral fellowships to assist in the education and research development of doctoral level nurses for the Department of Veterans Affairs (VA) and the nation. Fellows benefit from rigorous research methodology training under the direction of VA field-based investigators over the fellowship period of two full-time to three part-time years. Fellows apply their knowledge and skills through a doctoral research dissertation on a topic of relevance to veteran care involving a veteran population. Fellows may seek VA employment upon completion of the fellowship. For more information, please visit associated health education programs within the Office of Academic Affiliations at: http://www.va.gov/oa/ahe_default.asp.

THE VA NATIONAL QUALITY SCHOLARS FELLOWSHIP PROGRAM

The VA National Quality Scholars Fellowship Program (NQSFP) is a two-year post residency (ADVANCE) fellowship program for nurse and physician scholars that provides opportunities for learning and working together to advance the science and practice of healthcare improvement. The program that began in



1998 for physician fellows expanded to include pre- and post-doctoral nurses as fellows in 2009. Fellows study a curriculum rich in clinical studies, healthcare measurement, quality improvement and systems theory, and apply their knowledge to projects in the following areas:

- Quality Improvement System Design, Implementation and Management
- Conducting Quality Improvement research on a foundation of validated clinical health services research
- Veterans Integrated Systems Technology Architecture (VistA) skills and healthcare informatics development

Fellows spend 80% of their time conducting studies in the program with the remainder of their time in clinic. The fellows participate across six VA facilities and corresponding academic affiliates in:

- Birmingham, AL
- Cleveland, OH
- Iowa City, IA
- Nashville, TN
- San Francisco, CA
- White River Junction, VT

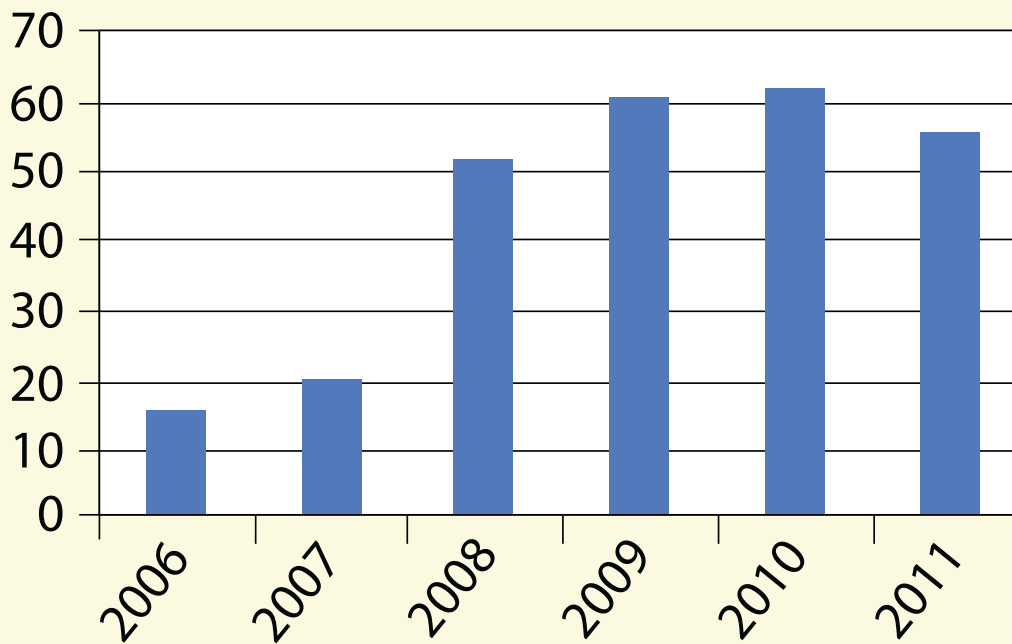
The Center for Evaluative Clinical Sciences at Dartmouth Medical School with the White River Junction VA Medical Center manages the program's educational, administrative, and financial coordination. For more information about the program and application requirements, please visit the Office of Academic Affiliations' NQSFP website at: http://www.va.gov/oa/specialfellows/programs/SF_NQSF_default.asp?p=10.

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES



The Department of Veterans Affairs and the Uniformed Services University of the Health Sciences (USUHS) have a Memorandum of Understanding (MOU) to allow VA Nurses to attend the USUHS PhD program in Nursing Science. VA Nurse scientist Christine E. Kasper, PhD, RN, FAAN, FACSMT is assigned as a Professor of Nursing Science and maintains a clinical research lab at USUHS studying the effects of blast Traumatic Brain Injury and toxic effects of embedded metals. ONS may enroll qualified applicants in the program. The program is expanding to include additional campuses, with the Tampa VA Medical Center as the first site. For more information, please visit the USUHS Graduate School of Nursing Internet site at: <http://www.usuhs.mil/gsn/>.

VHA RNs funded by HRRO for doctoral education since 2006 (n=215)



- Total number of RNs with nursing doctorates = 459
- Total number of RNs with non-nursing doctorates = 177

SOURCE: VANOD April 2011

IOM Recommendation Six

Ensure that nurses engage in lifelong learning.

CAREER DEVELOPMENT WORKFORCE MANAGEMENT (CDWM)

The Career Development Workforce Management (CDWM) portfolio is engaged in developing programs to facilitate nursing students achieving the transition to early novice nurse in the early phases of their professional career. To meet the challenges issued by IOM, CDWM is continuing long-term collaborations with Healthcare Recruitment Retention Office (HRRO)/Workforce Management & Consulting Office (WMCO) on national educational scholarship and debt reduction programs. CDWM also continues to collaborate with HRRO, OAA, and Office of Quality & Performance (OQP) to enhance partnerships with national VHA Recruiters. Finally CDWM and the broader ONS strategic plan continue to build upon and improve the professional peer review process, clinical excellence outlines, career pathways in VA Nursing that promote development and self assessment and credentialing opportunity.

ENGAGEMENT OF EXTERNAL STAKEHOLDERS TO ADVANCE NURSING EDUCATION

ONS collaborated with external stakeholders to further nursing practice, education and professional development to contribute content to and address recommendations from *The Future of Nursing* report. ONS continues to partner with the Institute of Medicine, the American Association of Colleges of Nursing (AACN), the Association of Military Surgeons United States (AMSUS) – The Society of Federal Health Agencies, and other national nursing organizations through a number of initiatives.

- ONS and VA Nursing made contributions to *The Future of Nursing* report in areas of practice and nursing education. Contributions included features on the Patient Aligned Care Teams / Patient Centered Medical Home, and the VA Nursing Academy
- Deputy Chief Nursing Officer James L. Harris contributed to the revision of *The Essentials of Master's Education in Nursing* to update the recommendations for the application of evidence-based practices, leadership, systems thinking, quality improvement techniques, and data-driven outcomes measurement
- VA (Office of Nursing Services and the Employee Education Service) continues to partner with AACN to develop the Clinical Nurse Leader role through both VA-based initiatives and the CNL Summit annual conference. At the 2011 CNL Summit, Chief Nursing Officer Cathy Rick received the first AACN CNL Visionary Leader Award for her efforts to implement and expand the CNL role across VA. Field-based Clinical Nurse Leaders delivered oral breakout session and poster presentations at the conference, and ONS Innovation Awards were given in a VA evening breakout session.

EBP TOOLKIT/RESOURCE CENTER

The EBP Toolkit is getting a face lift. Members of the NNEC EBP Group are revising and upgrading the EBP toolkit to an EBP Resource Center. The purpose of the Resource Center is to facilitate understanding of evidence based practice and the application of this knowledge in daily practice. The Resource Center website uses both tabs and placement boxes for quick navigation to content areas where more information and resources may be accessed. Content areas include:

- How to use the resource center
- Learning about EBP; resources (links to tools, consultation program, etc.)
- Information about the EBP Goal Group
- “In the spotlight,” a section that highlights new information/resources and upcoming events

NURSE EXECUTIVE MENTORING

As VA Nursing continues to participate in transforming healthcare and contributing to the creation of a learning organization, one key component is leadership development through coaching and mentoring. The National Nurse Executive Mentoring Program that began in 2004 remains an active and viable component of Nurse Executive development. Since the program’s inception 98 matches of newly appointed and certified Nurse Executives have occurred. Of the matches, 91.8 % of participants have remained in the role, a tribute to the enduring success of the program.

PACT RN CARE MANAGER EDUCATION SERIES

The RN Care Manager Education Series is a monthly lecture series designed and implemented by the ONS Clinical Practice Program (CPP) in October 2010. Initially, the series featured lectures developed by ONS CPP Field Advisory Committee members and has included evidence-based practice information specifically directed toward the RN Care Manager and the ambulatory care patient population. Topics have included Congestive Heart Failure (CHF), Traumatic Brain Injury (TBI), medication reconciliation, patient-driven care for older adults, and suicide prevention. Since that time, presentations from members of other Program Offices have been incorporated.

The presentations are displayed through Live Meetings during the call, distributed the by email, and may also be found on Primary Care’s “Current Happenings in the PACT SharePoint” site at <http://vawww.infoshare.va.gov/sites/primarycare/mh/pcmhinfo/default.aspx> in the “Nursing in the PACT” folder and will also be shared on the ONS PACT Intranet site at <http://vawww.va.gov/nursing/pact.asp>.

NURSE MANAGER PASSPORT FOR SUCCESS



A guide for Nurse Managers is available on the ONS Intranet page: http://vaww.va.gov/nursing/docs/goalgroup/passport_to_success_manual_nmgr.pdf. The guide was developed for newly appointed and existing nurse managers to succeed. Examples of content includes: The Union as Our Partners, Time and Attendance, Human Resources Management, Assessing Performance, Nursing Unit Activities, Staffing Methodology, and Care Standards and Practices.

ONS FUNDING OF PILOT STUDIES

This past year the ONS funded four nurse scientists to conduct pilot studies. All of the recipients of the funding are at the beginning of their research career trajectory. The recipients and their projects include:

Name	Facility	Title
Lynn Reinke, PhD, ARNP	VA Puget Sound	Palliative Needs for Veterans with Lung Cancer
Judy I. Murphy, PhD, RN, CDE	Providence VA Medical Center	The Effect of Post Simulation Debriefing Method on Adult CPR Performance
DiJon Fasoli, PhD, MSN, MBA, RN	Bedford VA Medical Center	Systematic Review of Evidence-Based Practice and Dental Care
Deborah S. Finnelli, DNS, APRN-BC, CARN-AP	Western New York Health Care System	MEASURED Steps: An Intervention for Veterans with Depression and Alcohol Use

WEEKEND IMMERSION IN NURSING INFORMATICS (WIN)

ONS and the Health Informatics Initiative (hi2) collaborated in their sponsorship of two nursing informatics workshops held May and July 2011. One hundred RN participants who serve in informatics roles received core education in nursing informatics and preparation for qualified participants to sit for the ANCC Informatics Certification Exam. Kathleen Smith and Carol Bickford served as faculty for the workshops –both are recognized leaders in the field.



Nursing Informatics (WIN) workshop participants.

Special Feature Section

EBP Consultation Service & Testimonials

EBP CONSULTATION SERVICE

In 2011, the EBP Goal Group launched an EBP consultation service that offers both VISN and facility-level consultation for the purpose of developing and/or strengthening EBP infrastructure. Prior to the consultation visit, a team of 2-3 EBP Goal Group members conduct a pre-consultation needs assessment call so the visit is tailored to meet the needs of the VISN/facility. The consultation team conducted 11 consultations with nurse executives from 6 different VISNS and 5 facilities. Frequently covered topics include:

- Resources necessary for EBP infrastructure
- Links between EBP and VHA mission and goals
- Definition and overview of EBP process
- Differentiation of EBP, research utilization, system redesign, and quality improvement
- Role of the IRB in EBP initiatives
- EBP resources within the VA

EBP CONSULTATION SERVICE: TESTIMONIALS

“Deep discussion regarding EBP, Performance Improvement, Research and rapid-cycle improvement. We discussed how to create the structure to make sure staff are involved in EBP. Words like “rejuvenate” and “synthesis” were used in our discussion. Every single person at the table had many opportunities to talk and everyone took those opportunities. We all left feeling revitalized and one of the nurse executives said, “I am going to go home and change something!” What was most helpful about this discussion was being able to sit down and just think and talk with experts. I don’t think that, left to our devices, we would have been able to ‘find the time’.”

“Nursing leadership at the Atlanta VA and VISN 7 sincerely appreciate the efforts of your team in providing this consultation. Every attendee I spoke with afterward indicated that the session was very helpful. It definitely provided some clarity for many of us. Most certainly, the information and discussion will help us design and map future strategies for advancing our EBP efforts.”



Rebecca Kordahl, MBA, RN, NEA-BC
Associate Director
Patient Care Services



Sandy C. Leake, MSN, RN
Associate Director, Nursing
and Patient Care Services

“As the main instructor on EBP in the organization, I was looking for a fresh approach and wanted my staff to hear about EBP from someone else. I was thrilled at the presentation which walked the managers and staff through EBP in a clear concise manner. I will be updating my presentation based on their informal presentation.”



Bonnie J. Dinwoodie, MBA, BS, RN
Associate Chief, Nursing Service

IOM Recommendation Seven:

Prepare and enable nurses to lead change to advance health.

CLINICAL NURSE LEADER (CNL) IMPLEMENTATION AND EVALUATION SERVICE

The Office of Nursing Services is partnering with the Central Texas Veterans Health Care System to support a team of two consultants and two administrative staff to provide consultation and assistance to VA Medical Centers, academic affiliates offering a CNL curriculum, and to individual CNL students and preceptors, regarding CNL clinical practice, clinical immersion, and program initiation and sustainment to transition and sustain the CNL role. The Implementation and Evaluation Team functions will include:

- Fostering clinical and academic partnerships
- Readying environments for CNL role implementation and sustainment
- Developing CNL preceptors for the CNL clinical immersion
- Guide the development and future analysis of metrics, outcomes, and expectations related to the impact of the CNL role
- Collaborate with ONS/VERC on the dissemination of findings/activities
- Submit report of activities/outcomes to ONS quarterly and annually

NURSING QUALIFICATION STANDARDS TASK FORCE

As VHA transforms to become People-Centric, Forward Thinking and Results Oriented, shared governance and staff involvement will be the foundation to move the organization forward. It is imperative that employee practices keep pace with the changing times. There is a need to revise the processes currently utilized to appoint and promote registered nurse staff. ONS has convened a task force to develop a framework and process whereby nurses are active participants in the promotion process. Changes will affect nursing staff at the Nurse I, Level 1 up to Nurse III.

The current promotion process, though effective, requires every nurse up to Nurse III be considered for promotion on a yearly basis by the Nurse Professional Standards Board (NPSB). The process of requiring every staff nurse to be boarded yearly when they are still working on professional practice requirements can create unnecessary work for that nurse, the rater, and the NPSB. The process for promotion consideration should be at the desire/request of the individual nurse who needs to be well informed of requirements and process with support from nursing services as appropriate.

MAGNET PROMOTIONAL DVD

The ONS is producing a motivational/marketing educational video, intended for leadership at the facility, VISN and national level. The video is designed to provide a compelling case that the Magnet Recognition Program® by the American Nurses Credentialing Center (ANCC) makes good business sense for VA Medical Centers. It will offer the VA community, as well as external colleagues a glimpse of how national and local elements work in partnership to address strategic initiatives.

MAGNET CONSULTATION PROGRAM

The VHA National Nurse Executive Council (NNEC) chartered a workgroup to design and implement a national VHA Magnet/Pathway to Excellence Nursing Consultative Service. This workgroup built on the knowledge gained through the VHA Magnet monthly conference calls and the Evidenced-Based Practice Consultation Service. The workgroup constructed a process map, budget/resource plan, and a communication and evaluation plan.

The Magnet Recognition Program®, commonly referred to as “Magnet designation”, means that a hospital has demonstrated nursing excellence in practice and leadership; that the hospital has a low turnover in nurses and few vacancies in nursing positions; and that clinical outcomes, nurse satisfaction and patient satisfaction are all improved. A Magnet facility attracts and retains its nurses and fosters a positive, supportive interdisciplinary professional practice environment that extends to other employees and veterans/patients. In 2012, the Magnet workgroup anticipates offering services such as; facility consultations, a web-based resource center and small group workshops on topics such as, the basics of Magnet/Pathway to Excellence, evidence based practice, how to conduct a gap analysis, how to develop the business case, and how to select and display data. This consultation service will also offer pre-submission reviews of Magnet/Pathway to Excellence documents.

Additional Magnet Resources:

- National Magnet Culture Calls: Take place the fourth Tuesday of each month at 3pm ET (Access Code: 67504)
- Magnet Intranet Site: <http://vaww.va.gov/NURSING/magnet.asp>

NURSING PRACTICE TRANSFORMATION

Nursing Practice Transformation (NPT) establishes systematic approaches to support efficient and effective patient-driven care in all settings and programs. NPT is an advisory group of Nurse Executives and other subject matter experts providing nursing practice guidance to the Chief Nursing Officer.

2011 Accomplishments:

- Continued to provide guidance as needed on the VHA Nursing Handbook after writing an initial draft;
- Wrote PACT nursing functional statements and updated a brochure of PACT nursing roles into a more extensive guidance document;
- Developed a work / communication / vetting process for NPT to concur with nursing practice-related work from other ONS advisory groups
- Participated in the revision on the guidelines for medication administration by unlicensed personnel
- Published an article entitled “Transforming Nursing in a National Healthcare System: An Example of Transformation in Action”, on the development of the ONS Shared Governance and Nursing Practice Handbook in Nursing Administration Quarterly. (Written by: Wertenberger, S., Chapman, K.M., and Wright-Brown, S.)

NATIONAL NURSING PRACTICE COUNCIL

The National Nursing Practice Council (NNPC) is a formally recognized body and the most recent addition to the ONS shared governance structure, engaging the staff nurse at the national level by providing the opportunity for them to give their perspective on issues and activities impacting nursing practice. The NNPC:

- Consults with Advanced Practice Registered Nurse, Nurse Researcher, and Nurse Executive advisory groups to advise the Chief Nursing Officer and collaborate on the implementation of national nursing strategic plan items that will impact practice;
- Facilitates the sharing of national nursing practice information with local stakeholders at the VA Medical Center level;
- Identifies issues and VHA initiatives impacting nursing practice and patient care and explore opportunities for nursing to positively impact outcomes, including meeting targets for performance measures;
- Use scholarly data-driven approaches to assess, implement, and continually evaluate group objectives and activities.

The NNPC is composed of one or two practicing staff nurses per facility who are nominated by the nurse executive and are confirmed by ONS. The group's chair and co-chair are elected by the participating members with a review by Office of Nursing Services liaisons and approval by the Chief Nursing Officer.



IOM Recommendation Eight: ***Build an infrastructure for the collection and analysis of interpersonal health care workforce data.***

FY 2011 has been one of change for the Office of Nursing Services Informatics Team (ONSI) as the team is transitioning into the new Office of Informatics and Analytics. The Chief Nursing Informatics Officer, Murielle Beene and Nursing Informatics Specialists from the Health Informatics Initiative (hi2) and the Clinical Applications Development team are now part of the Health Informatics team in the Office of Informatics and Analytics. The ONSI Data Services Team (VANOD) is now part of the VISN Support Service Center (VSSC) group in the Office of Analytics and Business Intelligence (part of the Office of Informatics and Analytics). As the transition continues, nursing stakeholder needs continue to be a top priority for Nursing Informatics.

VA TRANSFORMATIONAL HEALTH INFORMATICS INITIATIVE

One goal of the VA Transformational Health Informatics Initiative (hi2) is to develop the informatics workforce in the VA by increasing the number of education and training opportunities, developing career tracks and recruitment and retention plans, and enhancing collaborative environments for health informatics personnel. Through competency, career, and community development efforts, VA nursing informaticists will be active partners in various health informatics initiatives.

In 2011, the hi2 Community Development Workgroup and Product Effectiveness Team created a virtual workforce data call that captured baseline demographic information and needs assessment of health informatics personnel. Specific data elements include the size and composition of the health informatics workforce, their professional qualifications, continuing education activities, career aspirations, and participation in communities of practice.

CLINICAL APPLICATIONS DEVELOPMENT TEAM

The Clinical Applications Development Team (CADT) working collaboratively with numerous departments and disciplines on activities in which nursing informatics can provide unique contributions to the decisions being made. Examples of the variety of solutions developed by CADT include the following:

Subject	Solution(s)
Clinical Documentation Systems – Coordination and Standardization	<ul style="list-style-type: none"> • Clinical Flow Sheets • Patient Assessment Documentation Package • Clinical Information Systems (CIS) Applications
Interdisciplinary Care and Charting – Promotion and Adoption	<ul style="list-style-type: none"> • Interdisciplinary Care Planning • Planning for a Standardized Patient Hand Off Tool
Virtual Provision of Health Care	<ul style="list-style-type: none"> • Tele-ICU • Home Telehealth • Clinical Video Teleconferencing • Store and Forward Telehealth • My HealthVet
Simulation Training and Product Testing	<ul style="list-style-type: none"> • CPRS Training Environment • Interoperability Test Environment • SIM Learn
Patient /Staff Flow Processes	<ul style="list-style-type: none"> • Bed Management Systems • Emergency Department Integration Systems • Surgery Quality and Workflow Manager • Real Time Location System/Radio Frequency ID
Joint VA/DOD Electronic Health Record	<ul style="list-style-type: none"> • System Capabilities/Business Processes • Presentation Layer
Informatics Educational Support Opportunities	<ul style="list-style-type: none"> • Mentoring of Nursing Informatics Students



CLINICAL PROCEDURES FLOW SHEETS

Clinical Procedures (CP) Flow Sheets provide interactive support for patient care in a variety of clinical areas. CP Flow Sheets merge Veterans Health Information Systems and Technology Architecture (VistA), bedside monitoring, tasks, and standardized observational data in an integrated display. Currently, patient assessments are not standardized, making reporting and audits incomplete, which results in the inability to efficiently document and report on patient care. These flow sheets document patient assessments that occur at frequent intervals such as intake and output (I&O), activities of daily living, frequent vital signs recording, restraint observations and care elements. They are customizable to the unit and the patient. Data elements from the flow sheets will be stored in the Clinical Observations Database (CliO), which will make data available for reporting.

NATIONAL PATIENT ASSESSMENT NURSING DOCUMENTATION PACKAGE

This set of clinical documentation tools serve as a “memory jogger” during nursing assessment and documentation processes by sharing data. The templates include an Admission Assessment, Shift Reassessment, Shift Reassessment Update, free-standing Interdisciplinary Plan of Care, and end of Shift Report. These tools help locate needed information related to the patient in the same place in every facility, (e.g. a psychosocial assessment or a functional assessment) and using the same templates in every facility can provide a cost savings when updating documentation tools. The evidence-based templates allow for more efficient sharing and transfer of patient information and care plan interventions. The nurse does not have to go to another location to document the status of problems and interventions. National, VISN, and facility level data can be pulled from these templates using health factors and reports can be created which address many required reporting elements.

Accomplishments for 2011

- Completed a “Concept of Operations” for Patient Handoff Tool
- Established a collaborative approach between the Clinical Flow Sheets, the Patient Assessment Documentation Package, and the Clinical Information Systems for standardization of terminology, roll out of the applications, and evaluation of the products and the processes.
- Released version 1 Clinical Flow Sheets software in July 2011 with training provided to sites
- Began final testing for the Patient Assessment Documentation Package in July 2011; organized implementation teams and created manuals and training materials

ONS INFORMATICS DATA SERVICES

The work of the ONS Informatics Data Services incorporates the acquisition and validation of data, education and training, and the development, enhancement, and maintenance of nursing data reports.

Ongoing activities:

- Nurse Executives 2011 worked with their local All Employee Survey (AES) Coordinators and
- VANOD Site Coordinators to designate their Nursing Unit Mapping Application (NUMA) nursing units as the location for the 2011 AES. If successful, the data obtained will provide nursing unit trending by nursing skill mix for measures of job satisfaction, organization assessment and culture

Products in development or deployed in 2011:

- A new Nurse Executive dashboard is available on the VSSC VANOD products page, providing a snapshot of facility nursing data at the unit level for financial, demographic, nursing injuries, and skin risk data
- The Admission/Discharge/Transfer (ADT) report is the first NUMA report. The report includes admissions, discharges and transfers by nursing unit and ward days of care calculation provides more granular information related to workload. The ability to create this unit level report comes from the crosswalk created between Medical Administration Service wards and Nurse Locations in the NUMA tool
- Nursing unit level patient satisfaction data at the nursing unit level are available. This report was developed in collaboration with Office of Quality and Performance (OQP) and displays results for nursing sensitive questions in the HCAPS survey (Hospital Consumer Assessment of Healthcare Providers and Systems.)
- PAID Enhancement for VANOD (PEV) will develop the time and attendance system to allow for entry of information about where a nurse worked (i.e. floating) the type of work (direct care, education, sitters, etc) and information related to overtime. Anticipated release is early FY2012
- Daily skin care reports provide real-time information for inpatients, driving nursing processes and helping determine current or potential pressure ulcer risk. A workgroup of wound care nurses has been validating nursing indicators for use as daily reports at the nursing unit level
- In collaboration with the Staffing Methodology workgroup, a standardized methodology toolkit was developed to assist facilities in obtaining staffing and workload data to complete the Staffing Methodology process
- ONSI Data Services are partnering with DSS to provide educational opportunities on a quarterly basis for field stakeholders, in relation to topics such as Labor mapping, NHPPD, etc. This will foster teamwork, and provide accurate data for both the VANOD and DSS reports
- The Nursing Turnover report is obtained from the HR Nature of Action Cube and provides facility level information about regrettable losses. An enhancement to this report is underway to provide the same information by skill mix at the nursing unit level. This will provide facilities with a more granular report to evaluate recruitment and retention trends, in comparison to other reports
- ONSI Data Services created customized VHA reports related to nursing skill mix FTEE and roles, for the Chief Nursing Officer to contribute to the Fiscal Glide Path project

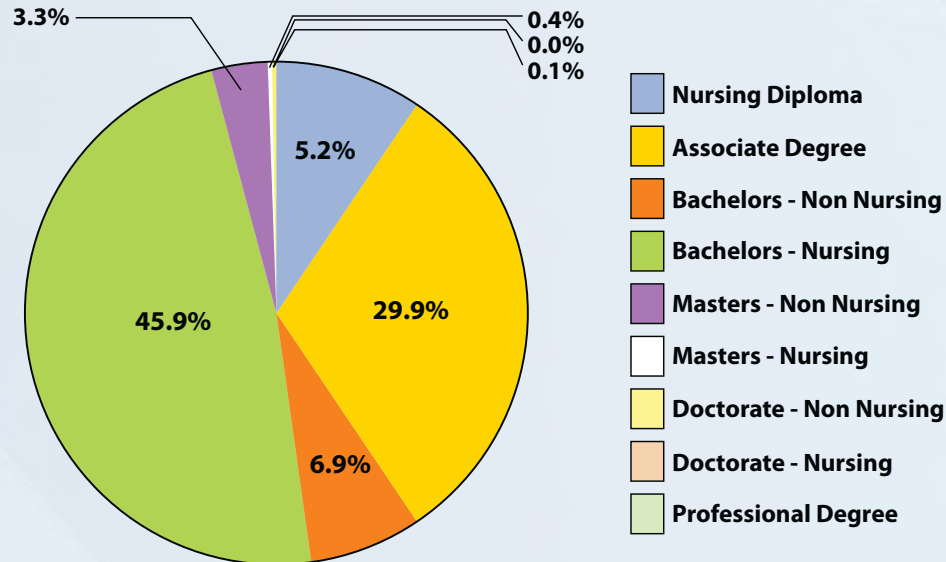
National Nursing Data and Demographics:

QUICK FACTS TABLE - FY 2011*

Nursing Skill Mix	Employee Count
REGISTERED NURSES	50,207
LPNS AND LVNS	13,617
NURSES AIDES AND NURSING	11,257
NURSE PRACTITIONERS	4,424
CLINICAL NURSE SPECIALIST	512
FEE BASIS - NURSING	102
CLINICAL NURSE LEADER	62
CHIEF NURSE TRAINEES	39
Grand Total	80,220

*SOURCE: July 2011, from VANOD Demographic and Financial Cube; includes pay period (PP12) June data for FY11; all Professional Nursing Paid Budget Object Codes, all roles, all Cost Centers

HIGHEST LEVEL OF EDUCATION OF DIRECT CARE RNS- FY 2011*



	Employee Count	
Associate Degree	10,771	29.9%
Bachelors - Non Nrsg	2,525	6.9%
Bachelors - Nursing	16,918	45.9%
Masters - Non Nrsg	1,208	3.3%
Masters - Nursing	1,907	5.2%
Doctorate - Non Nrsg	132	0.4%
Doctorate - Nursing	9	0.0%
Professional Degree	26	0.1%
Grand Total	36,861	100%

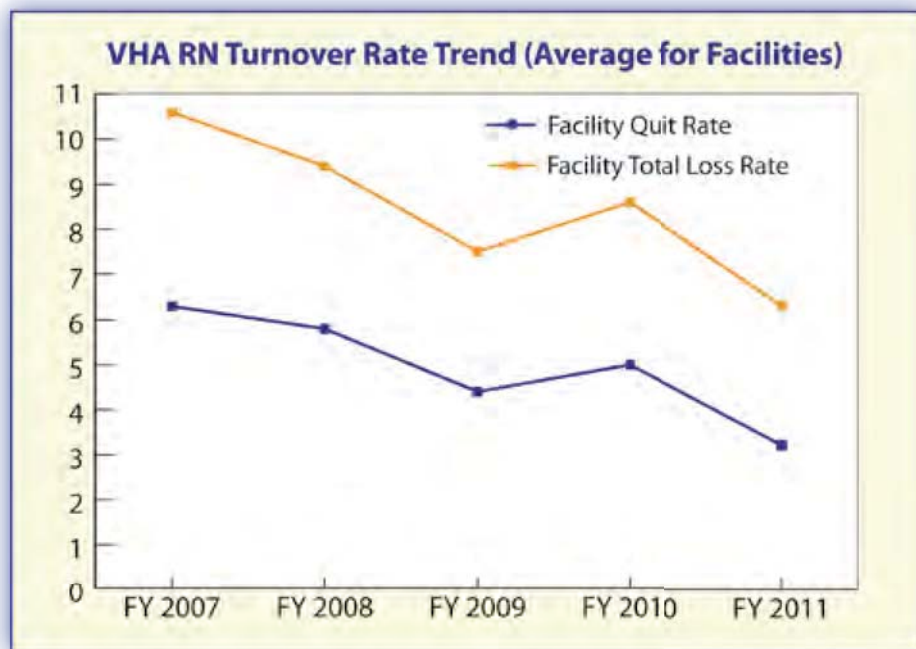
*SOURCE: July 2011, VANOD Demographic and Financial Cube, Paid Budget Object Code 1061 Registered Nurse; Direct Care role, as of PPJun FY11

HIGHEST LEVEL OF ALL VHA RN EDUCATION FOR VHA RNS - FY 2011*

Highest Level of VHA All RN Education:
 % of RNs with a Bachelor’s Degree = 45%
 % of RNs with a Masters or Doctorate = 22%
 % of RNs with at least a Bachelor’s Degree = 68%

*SOURCE: VANOD Demographic and Financial Cube, July 2011. FY11 includes data to PP12 Jun FY11; Paid Budget Object Codes: 1061, 1064, 1066, 1067; “at least Bachelor’s Degree” includes Bachelors, Masters, Doctorate, and Professional Degree combined for all RNs

TOTAL LOSS AND QUIT RATE TREND - FY 2011*

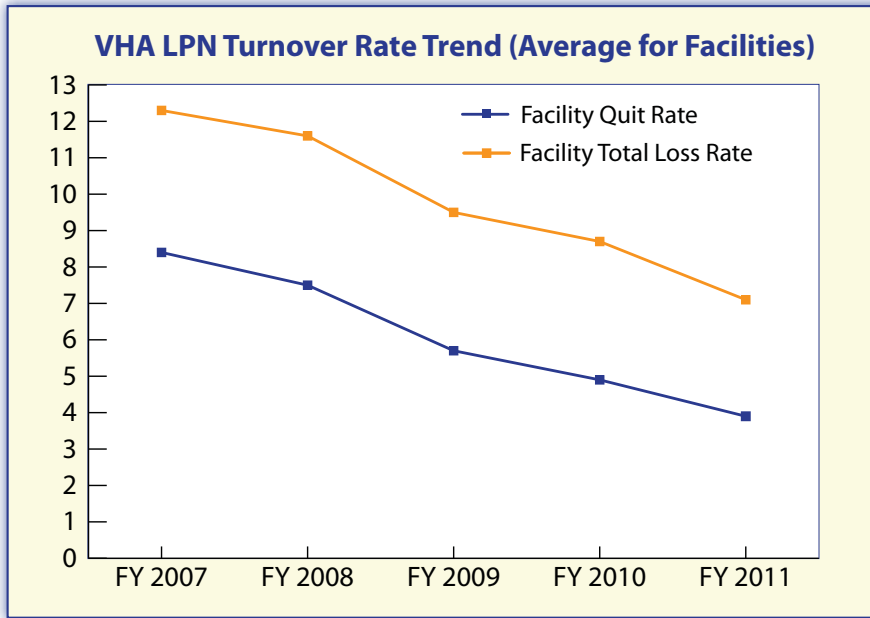


	2007	2008	2009	2010	2011
Facility Quit Rate	6.32%	5.78%	4.40%	4.96%	2.79%
Facility Total Loss Rate	10.60%	9.41%	7.48%	8.62%	5.55%

VA Quit Rate (Regrettable Losses) - Voluntary resignations and losses to another Federal agency. This turnover rate is especially important to analyze since these losses are voluntary and potentially preventable.

*SOURCE: July 2011, from VANOD Nursing Turnover Cube, includes All RNs (HR Occupation Code 0610 includes RN, NP and CNS), 2007 through June 2011 (end of FY11Q3). Note: Current fiscal year data may appear as a lower rate until fiscal year data is complete and all data are received

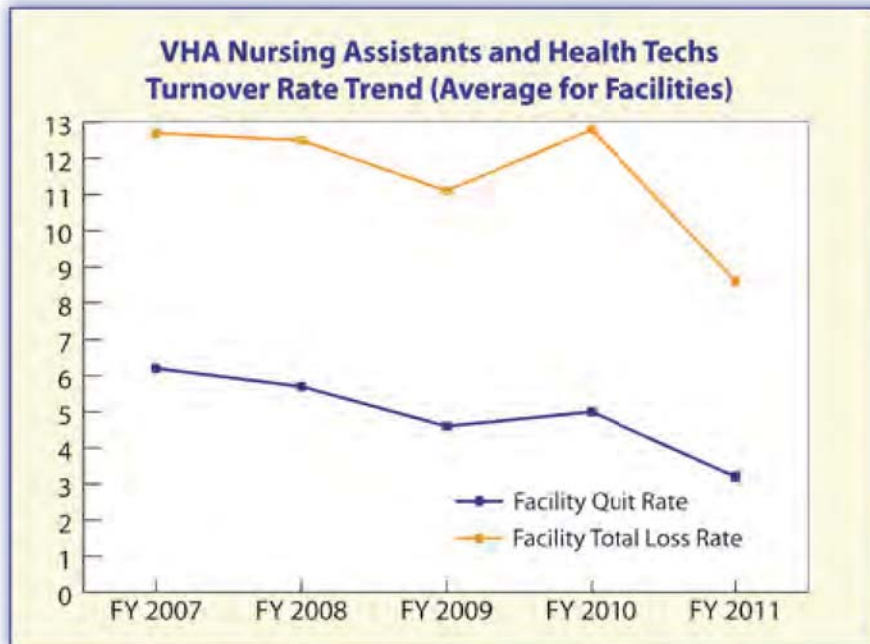
FY 2011*



	2007	2008	2009	2010	2011
Facility Quit Rate	8.40%	7.50%	5.70%	4.90%	3.90%
Facility Total Loss Rate	12.30%	11.60%	9.50%	8.70%	7.10%

VA Quit Rate (Regrettable Losses) - Voluntary resignations and losses to another Federal agency. This turnover rate is especially important to analyze since these losses are voluntary and potentially preventable.

*SOURCE: 8/2/11, from VANOD Nursing Turnover Cube, includes Practical Nurses (LPN), HR Occupation Code 0620, 2007 through June 2011 (end of FY11Q3). Note: Current fiscal year data may appear as a lower rate until fiscal year data is complete and all data are received



	2007	2008	2009	2010	2011
Facility Quit Rate	6.20%	5.70%	4.60%	5.00%	3.20%
Facility Total Loss Rate	12.70%	12.50%	11.10%	12.80%	8.60%

VA Quit Rate (Regrettable Losses) - Voluntary resignations and losses to another Federal agency. This turnover rate is especially important to analyze since these losses are voluntary and potentially preventable.

*SOURCE: 8/2/11, from VANOD Nursing Turnover Cube, includes Nursing Assistants and Health Aides (HR Occupation Codes 0621 & 0644) 2007 through June 2011 (end of FY11Q3). Note: Current fiscal year data may appear as a lower rate until fiscal year data is complete and all data are received

RETIREMENT ELIGIBILITY TREND - FY 2011*

Retirement Eligibility %	FY08	FY09	FY10	FY11
Percentage of Nursing Staff in Administrative Role Eligible to Retire	44.7%	41.2%	40.8%	40.8%
Percentage of Nursing Staff in Advanced Practice Role Eligible to Retire	32.6%	32.4%	33.1%	33.9%
Percentage of Nursing Staff in Hospital Support (Consultative) Role to Retire	39.80%	33.70%	34.90%	35.10%
Percentage of Nursing Staff in Direct Care Role Eligible to Retire	24.20%	23.30%	23.50%	23.50%

*SOURCE: July 2011, through PP12 June FY11, from VANOD Annual Summary Trend and VANOD Demographic and Financial Cube for PP12 June FY11; Annual Summary Trend includes FY08 - FY11 YTD; % Eligibility by Nursing Role











The Future of Nursing Leadership:

NEW EXECUTIVE TRAINING PROGRAM (NExT)



The VHA New Executive Training Program is a one year executive orientation for newly appointed executives. Four healthcare executive groups are represented during the training session to include: Associate Directors for Patient Care/ Nursing Services, Chiefs of Staff, Assistant/Associate Directors, and Deputy Network Directors. Opportunities for inter-professional coaching, individual coaching and mentoring, enhanced executive leadership skill development, and discipline-specific and senior leadership learning and collaboration occurs during the week long session. The NExT Program is governed by a steering council of the VHA Succession and Workforce Management Subcommittee. Dr. Greg Eagerton, Associate Director for Patient Care/Nursing Services at VA Medical Center Birmingham, Alabama, chairs the committee.

“Up NExT” New Nurse Executives for FY 11			
	Sandra L. Solem, PhD RN VISN 22-San Diego VAMC Mentor: Greg Eagerton		Barbara Teal, BSN RN MSHP VISN 23-Sioux Falls VAMC Mentor: Pat Richardson
	Amy Gartley, RN BSN MBA VISN 1- Togus (ME) VAMC Mentor: Theresa White		Nancy Claflin, PhD MS RN CPHQ FNAHQ VHA-CM VISN 18-Phoenix (AZ) VAMC Mentor: Eileen Kingston
	Helen Pearlman, RN MS, Capt/Navy/ Ret VISN 23-Minneapolis VA HCS Mentor: Rebecca Kordahl		Yvette Hill, MS RN VISN 7-Central Alabama VA HCS Mentor: Anna Jones Monnett
	Diana Nelson, RN MSN VISN 20-Walla Walla VAMC Mentor: Sydney Wertenberger		Patricia Burke VISN 3- VA Hudson Valley HCS Mentor: Mary Fraggos

	<p>Donna DeLise, RN MS VISN 16-Oklahoma (City) VAMC Mentor: Pat Troy</p>		<p>Sarah V. Fouse, PhD MSN BSN RNC BCVHA-CM VISN 12-James A. Lovell Federal Health Care Center (North Chicago) Mentor: Janice Cobb</p>
	<p>Karen F. Griffin, RN MSN ANE-BC VISN 17-South Texas VA HCS Mentor: Marianne Locke</p>		<p>Dorene Sommers, RN BSN MBA VHA-CM VISN 4-Erie VAMC Mentor: Sharon Parson</p>
	<p>Julie Bruhn, MS RN VISN 23-Fargo VA Medical Center Mentor: Ilene Roby</p>		<p>Norlynn Nelson, RN MSN MHA VISN 19-Montana VA HCS Mentor: Pat Richardson</p>
	<p>Amy Lesniewski, RN MS VISN 16- Alexandria (LA) VAMC Mentor: Sue George</p>		<p>Kelly Goudreau, DSN RN ACNS-BC VISN 20-White City (OR) VAMC Mentor: Bonnie Pierce</p>
	<p>Ann Herm, RN MS VISN 11- Detroit VAMC Mentor: Pam Thompson</p>		<p>Michelle Cox-Henley, RN MSN VISN 7-Augusta VAMC Mentor: TBD</p>

THE ASSOCIATE DIRECTOR, PATIENT CARE SERVICES ROLE IN SHAPING HEALTH CARE

The evolution from a Chief Nurse to the Associate Director, Patient Care Services (ADPCS) has been and continues to be an adaptive journey that is shaping healthcare in a variety of ways. The ADPCS position transition to a senior executive has created new venues of discovery and opportunities for creativity and innovation. The shift from a nursing centric management role to managing additional clinical services as a senior executive is recognized as an industry standard whereby healthcare is shaped and collaborative partnerships are created.

Kudos to each of the ADPCS for the exemplary actions during the past several years and the most recent past, managing the complexities and challenges associated with Reusable Medical Equipment and Sterile Processing. This is only one of the many examples where the ADPCS has used creativity and innovation when shifting a challenge to triumph. Such actions continue to shape how we do business.

National Nursing Awards:

2011 SECRETARY'S AWARD FOR NURSING EXCELLENCE AND ADVANCEMENT OF NURSING PROGRAMS WINNERS

Each year the Secretary's Award for Excellence in Nursing and Advancement of Nursing Programs is given to individuals who have been nominated by their colleagues for outstanding service to our veterans and the Department of Veterans Affairs. They have displayed the best characteristics and the highest level of dedication to their profession. Chosen from individual medical centers, the nominees go through a rigorous review before the final selection is made.

It is with great honor that the Office of Nursing Services announces the recipients for the 2011 Secretary's Award for Excellence in Nursing and the Secretary's Award for Advancement in Nursing Programs:

Registered Nurse: Linda Hudson, RN, BSN, VA Maryland Health Care System, Perry Point, MD

Registered Nurse (Expanded Role): Christie Locke, DNP, MS, CNOR, Portland VA Medical Center, Portland, OR

Licensed Practical Nurse: Faith Andrulot, LPN, Harry S. Truman Veterans Hospital, Columbia, MO

Nursing Assistant: Karie Drollinger, NA, VA Illiana Health Care System, Danville, IL

Director: Michael Winn, Central Arkansas Veterans Healthcare System, Little Rock, AR

Nurse Executive: Mary Walters, RN, MS, APRN, NEA-BC, Southern Arizona VA Healthcare System, Tucson, AZ



VA Secretary Shinseki with Secretary's Award recipients.

2011 ONS INNOVATIONS AWARD WINNERS

The Veterans Health Administration's (VHA) Office of Nursing Service's (ONS) Innovations Award, a national award mechanism created and launched in 2003, annually recognizes nursing leadership in quality improvement. VA Nursing staff is known to be dynamic change agent, influencing practice and system-wide initiatives.

The Innovation Awards program recognizes ten hospital programs and/or initiatives, and each winning team receives a \$10,000 group award. ONS strives to identify new and innovative ideas that are best practices recognized as nurse-led, quality improvement initiatives across VHA. This year's theme was: ***"Achieving Patient Driven Care Through Highly Functioning Teams."*** Sixty-two submissions were received and reviewed and the following winners were selected by a panel of nursing experts.

VISN/Facility	Title	Lead Author
2/Canandaigu-VAMC	Mobile Adult Day Health Care Outreach Program: Taking Patient Driven Care to Rural Veterans and their Caregivers	Nina Mottern, BSN RN CCM
8/North Florida South Georgia Health Care System (Gainesville)	North Florida South Georgia Health System Outpatient Nursing Team "The Grand Cru"	Maureen P. Hogan, MSN RN
8/James A Haley Veterans Hospital (Tampa)	Innovative Approach: An Interdisciplinary Team's Journey Implementing a SCI Personal Pass/ Personal Paid Caregiver Best Practice	Lorraine R. Kaack, MS RN-BC CNL
10/Cincinnati VAMC	Dental Screening and Care for the Non-Service Connected Veteran: A Nurse Led Community and State Interdisciplinary Team Approach	Sara M. Krzywkowski-Mohn, FNP EdD
10/Louis Stokes VAMC (Cleveland)	Patient Centered Team Diabetes Shared Medical Appointments in Primary Care	Sharon A. Watts, DNP RN-C CDE
12/Jesse Brown VAMC (Chicago)	Implementation of a Nurse Practitioner Led/Nurse Delivered Heart Failure Disease Management Program at Jesse Brown VA Medical Center (JBVAMC) to Reduce Hospitalizations and Cost of Care through Improvement in Self-Care Management Behaviors	Char Brar, RN ACNP-BC
19/Eastern Colorado Health Care System (Denver)	Achieving the "Virtually Impossible: Developing and Implementing a Nurse Driven Virtual ICU	Carrie Hawkins, BSN RN CCRN
20/Portland VAMC	The Critical Care Unit's Therapeutic Sleep Environment Project	Deborah Hudson, RN
22/VA Greater Los Angeles Healthcare System	Breathing New Life into Emergency Cardiovascular Care Training at VAGLAHS	Femi Faminu, RN
23/VA Nebraska Western Iowa Healthcare System	Improving Rural Veteran Access to Specialty Care: Nebraska – Western Iowa CBOC Tele-health Expansion	Jan Youngblood, RN MPH APRN



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**Office of Nursing Services
2011 Annual Report**

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