

VA NURSING TODAY



Transforming Care Across the Continuum through Partnerships

www1.va.gov/nursing/

Department of Veterans Affairs

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Office of Nursing Services Annual Report 2007



The Beat Goes On...

We are the best because we work together



VA Pittsburgh Healthcare System Nursing Staff

Like a fluid dance between skilled partners, the Veterans Health Administration (VHA) and its success is a result of coordinated efforts between veteran and healthcare teams, patient and family, and administrator and clinician. The common melody we dance to is veteran-centric healthcare, as we guide the patient through a continuum of comprehensive care.

Our partners in this dance are both internal and external to the Department of Veterans Affairs (VA). Veterans, patients, families, and clinicians work together to promote healthier behaviors and optimize patient care. Clinicians team with their respective departments to enhance business processes, monitor performance measures, and facilitate quality healthcare delivery. At the national departmental level, administrators coordinate with other VA departments to share best practices and to collaborate on various facility-wide and system-wide initiatives. Beyond interdisciplinary efforts, each discipline works together across its own membership at the local, VISN, and national level. Nursing departments join together with the Office of Nursing Services to identify veteran and nursing needs and roll-out system-wide solutions. External partnerships with

academic and professional affiliations provide further expertise, manpower, research, and resources.

Each partner, from veterans to our external allies, contributes in their own unique way and plays a vital role in providing veterans with comprehensive healthcare through a continuum of care. All stakeholders coordinate a fluid series of movements that become "poetry in motion." The result is premium healthcare delivery and a high level of performance. ♦



VA Palo Alto Health Care System 18-week program designed to ease nursing shortage

TOP HEADLINES

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VA NURSING

Affirming the Commitment
Opening Our Hearts to Veterans
♦ ♦
Adding More Meaning to Your
Workday



VA Hospital - San Francisco Staff

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NATIONAL NEWS

From the Desk of: Under Secretary for Health



Dr. Michael J. Kussman

THE DEPARTMENT OF VETERANS AFFAIRS (VA) truly exemplifies partnerships in all that we do, and the collaborative contributions of over 61,000 nursing staff are no exception. The words “partnership” and “collaboration” are often used in today’s healthcare field and they should; it takes a team of individuals to provide innovative leadership, deliver patient-driven care, improve business processes, and exceed meaningful performance measures. Everyday, our nursing staff are at every point of care throughout the continuum of care, from

our Department of Defense (DoD) partners to every venue in VA healthcare system.

Over the years, VA nurses have assumed leadership through building and fostering partnerships in clinical roles, the interdisciplinary healthcare team, and facilitating local, regional, and national management. The culture of VA nurses as highly valued members of the VA healthcare family is exemplified by our veterans’ high satisfaction, which has remained a constant, and I believe it always will.

It is my great pleasure to recognize and congratulate the nursing staff and leaders who comprise the largest integrated nursing service in the world. Your knowledge, expertise, hard work, and professionalism throughout VHA have brought a high level of respect and pride to the VA healthcare system and the profession of nursing.

From the Desk of: ONS Chief Nursing Officer



Cathy Rick, RN, CNAA, FACHE




THIS ANNUAL REPORT highlights multiple examples of the transformative work of VA nursing partnerships. Transformation is driven by vision. Commitment by talented individuals working in teams is what moves that vision to reality. These teams are a collective force that transports us from where we are to a well-defined and desired future state. The Office of Nursing Services is responsible for positioning nursing practice to be in alignment with organizational goals and priorities. Nursing practice is guided by the ever-evolving art and

science of the profession and is influenced by the fast-paced dynamics of our robust VHA healthcare system and the healthcare industry at large. Nursing is responsible for critical elements of patient care at multiple intersections in clinical, administrative, research and academic arenas. Nursing partnerships are realized within and across our own nursing network of colleagues as well as across all other disciplines.

I extend my sincere gratitude and recognition of the outstanding nursing contributions that have led to effective innovations and continue to shape the vision for our desired future state:

“VA Nursing is a dynamic diverse group of honored, respected and compassionate professionals. VA is the leader in the creation of an organizational culture where excellence in Nursing is valued as essential for quality healthcare to those who have served America.”

Forecasting Partnerships

Yesterday	System Challenges	
Today	Ongoing Quality Reforms Lead to Healthcare Excellence	
Tomorrow	Integrated VHA Patient-Driven Health Care	

Hot Off the Press

“VA Receives 2006 Innovations in Government Award”

July 10, 2006 - The Department of Veterans Affairs’ (VA) model system of electronic health records, developed with extensive involvement of front-line health-care providers, has won the prestigious top 50 “Innovations in American Government Award.” The annual award, sponsored by Harvard University’s Ash Institute for Democratic Governance and Innovation at the Kennedy School of Government and administered in partnership with the Council for Excellence in Government, honors excellence and creativity in the public sector. The value of VA’s patient records was demonstrated when, within 100 hours of Hurricane Katrina’s making landfall last summer, every patient medical record from the devastated areas was available to every VA health care provider throughout the nation.

Public and Intergovernmental Affairs. Available at:
<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1152>

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“Harvard Gives Federal Hospitals Top Grades”

January 18, 2007 - A comprehensive study published December 11 in the Archives of Internal Medicine and conducted by Harvard Medical School concludes that federal hospitals, including those run by the VA, provide the best care available anywhere for some of the most common life-threatening illnesses (e.g., congestive heart failure, heart attack, pneumonia).

Public and Intergovernmental Affairs. Available at:
<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1276>

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“VA and DoD to Pursue Joint Electronic Health Record”

January 24, 2007 - The VA and the DoD today agreed to make joint inpatient electronic health records a reality; a move that will transform the way both departments deliver health care and that can be a model for the health care industry nationwide.

Public and Intergovernmental Affairs. Available at:
<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1279>

« VANOD spotlight

VA Nursing Outcomes Database (VANOD) is a program under the Office of Nursing Services. The mission is to create a national database of clinically relevant, nursing-sensitive quality indicators for the purposes of:

- Improving the quality and safety of healthcare for veterans
- Supporting strategic decision-making for clinical practice and staffing methodologies
- Evaluating relationships between nursing-sensitive indicators and patient outcomes

VANOD nursing partners include: Center for Organizational Leadership and Management Research, High Performance Development Model, National Center for Organizational Development, National Center for Patient Safety, Occupational Health, Office of Information, Office of Quality and Performance, VHA Support Service Center

VA NURSING JOINS FORCES FOR OEF/OIF

In the Name of Better Healthcare for Operation Iraqi Freedom and Operation Enduring Freedom (OEF/OIF) Wounded Warriors

VHA is committed to ensuring that all necessary healthcare services are available and well-coordinated as healthy, injured or ill Operations Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) active duty service members and veterans seek care in VA healthcare system. Collaboration with DoD Military Treatment Facilities is critical to ensure a seamless transition to civilian life and optimum patient care for this special population of veterans. VA and DoD are focusing attention on improving the following to enhance specific areas of care unique to this population: mental health, polytrauma, and care management/coordination.

VA Nursing is partnering with Office of Information and providing innovative tools to promote outreach efforts for a group of patients that present a different set of needs. VA has long recognized its mission in caring for our generations of wounded warriors. Many improvements in systems and care processes will serve to strengthen our healthcare resources for all generations of veterans. VA embraced innovation and took a leading role to integrate care and patient records.

Veteran Population by Period of Service

Peacetime	6,142,000(*)
WWII	3,086,000
Korea	3,086,000
Vietnam	7,956,000
Gulf War	4,647,000
OEF/OIF	68,802(**)
<i>OEF/OIF Post Deployment Health Readjustment Assessment (est # of veterans)</i>	
(*) Office of Policy & Planning, Veteran Population as of 9/30/06. (**) Report by Seamless Transition Office 03/07.	

OEF/OIF Transition Assistance & Case Management

Nursing Partners: DoD, Office of Social Work Services

To achieve the most successful case management model, VA and DoD partnered to establish the VA/DoD Seamless Transition Clinical Case Management Work Group. This Work Group is expected to develop and implement an interagency clinical case management model to address the transition of care issues and support the delivery of comprehensive healthcare regardless of the care delivery setting for all OEF/OIF injured or ill service members.

VA/DoD Clinical Case Management Work Group identified key clinical case management concepts, work flow processes, and training to develop and sustain standardized qualifications, education, and resources for Clinical Case Management in support of seamless transition of service members and other beneficiaries.

Enhancing Mental Health Care for OEF/OIF Veterans

Nursing Partner: Office of Mental Health

A myriad of mental health initiatives have been launched by the Office of Mental Health in collaboration with the Office of Nursing Service (ONS) and other program offices to assist in the planning and implementation of important mental health initiatives. Many of these focus on specialized needs of the OEF/OIF population. VA nurses are engaged in the important screening initiative for mild Traumatic Brain Injury (TBI) and Post-Concussive Syndrome (PCS). Mental Health nurses are critical to the success of new suicide screening and assessment processes. Rehabilitation nurses are integral to the delivery of re-defined TBI treatment and education modalities for patients and families with complex, polytrauma injuries.

RNs and Social Workers Partner for Enhanced Case Management

Nursing Partners: VA RN Case Managers and DoD RN Case Managers

The VA case management program provides a collaborative Registered Nurse/Social Worker model for patients with complex acute and chronic, physical and mental health needs. Elements of the program include descriptions of standards of practice, roles, functions, qualifications, competencies, education, certification recommendations, outcome management, specialty population management, workload documentation, and resources to support identified training and evaluation needs relating to ensuring access to care across the VA healthcare system. A VA Case Management Handbook is under development and is expected to be completed by the end of 2007. The VA/DoD case management model defines a system of coordinated information and handoff between health systems to ensure seamless care between both Departments.



DoD and VA Pool Resources for a Seamless Electronic Patient Hand Off

Nursing Partners: DoD, VHA Office of Information, VA Office of Information and Technology

A VHA liaison nurse assigned at Walter Reed Army Medical Center leads the development and implementation of an electronic documentation tool to facilitate the smooth transfer of polytrauma and other seriously wounded patients from DoD Medical Treatment Facilities to VA Medical Centers (VAMC). A standardized template was developed based on the SBAR communication framework: **S**ituation, **B**ackground, **A**ssessment, and **R**ecommendation. The project is expected to be completed by the 2nd quarter in fiscal year 2008. This tool may provide a solution for a variety of patient handoff scenarios and ensures an effective, efficient, and safe process for transferring patients between VA and DoD.

MyHealthVet Healthcare Information and Services are Only a Click Away for Veterans

Nursing Partner: MyHealthVet Program Office

MyHealthVet (MHV) provides online health information and services, such as treatment information, prescription refills, and mental health rehabilitation guides for Post Traumatic Stress Disorder (PTSD) and depression. Chartered by the MHV Clinical Advisory Board (MHV CAB), the OEF/

OIF MHV Sub-committee was charged to develop and implement strategies to support healthcare to veterans returning from OEF/OIF. Nursing is providing leadership and consultative support to this multidisciplinary group. As the number of OEF/OIF veterans seeking healthcare in VHA has steadily increased, strategies to meet their needs are being developed. In April of 2007, usability studies were conducted with veterans who had returned to civilian status between six months and one year. Information from these studies will be used to develop content and other features/functionality for the MHV website: <http://www.myhealth.va.gov/>.

Working Quickly to Find a Better Way to Treat Traumatic Brain Injury through Research

Nursing Partners: Uniformed Services University of Health Sciences, Trauma Neurosurgery (US Army), Office of Research and Development

Blast traumatic brain injury (BTBI), resulting mostly from improvised explosive devices (IEDs), currently represents the single largest cause of military traumatic brain injury (TBI). Long term care for these injured soldiers represents significant challenges. Research is underway that focuses on three interventions following moderate and severe BTBI: 1) Effects of anti-inflammatory treatment on memory performance; 2) effects of enriched environmental conditions on memory (e.g. social interaction); and 3) effects on memory performance of combining anti-inflammatory treatment with socially and physically-enriched housing. These studies will provide the scientific evidence to use anti-inflammatory drugs along with increased environmental and social stimulation to aid the brain in regenerating neurons which were lost due to necrosis following BTBI. Enriched environment can substantially improve memory performance and enhance recovery after brain injury. This series of research projects may help to identify ways to improve recovery and provide guidance for long term rehabilitation strategies after BTBI. ●

VHA Handbook 1010.01 entitled, "Transition Assistance and Case Management of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) Veterans." (2007)

New Nursing Roles:

- ◆ *VHA facility OEF/OIF Program Manager*
- ◆ *VHA facility OEF/OIF Case Manager*
- ◆ *Military Treatment Facility (MTF) RN Liaison position*

These new roles were developed to ensure continuous coordination and monitoring of complex OEF/OIF patients' healthcare needs including:

<i>TBI</i>	<i>Spinal Cord Injury</i>
<i>Pain</i>	<i>Amputations</i>
<i>Burns</i>	<i>PTSD</i>

VA NURSING BUILDS LINKAGES THROUGHOUT VHA

Improving Current and Future Nursing Practice and Work Environments

VA Nursing provides the best care anywhere and strives to continuously improve the quality of veteran healthcare through evidence-based practice. By exploring academic models, nursing roles, and patient care delivery, VA Nursing is seeking to weave evidence and innovation into administrative and nursing practice to improve patient care and the nursing work environment. Through partnering with our nursing staff using evidence-based practice, we are ensuring successful patient outcomes for our veterans and enhanced staff satisfaction.

Rapid Response Implementation Projects are Underway

Nursing Partners: Health Services Research and Development Service (HSR&D), Quality Enhancement Research Initiative (QUERI)

Health Services Research and Development Service (HSR&D) and the Quality Enhancement Research Initiative (QUERI) has funded rapid-response implementation projects addressing issues of critical importance to nursing practice. With over 30 proposals submitted, 9 are approved for funding and 3 are in the approval process. The projects address important nursing issues by developing and/or evaluating nursing assessments and interventions in areas such as dysphagia, pressure ulcers, glycemic management, OEF/OIF veterans, care giving, nurse staffing, and quality of nursing care. For more information on the progress of these projects, visit the ONS website at <http://www1.va.gov/nursing/>.

Clinical Nurse Leader (CNLSM) Initiative: Leading the Way Towards Continuous Quality Improvement

Nursing Partner: American Association of Colleges of Nursing (AACN), VISN & Facility Leadership

The Clinical Nurse Leader (CNLSM) Initiative supports the transformation of existing organizational nursing practice structures to achieve patient-driven, evidence-based, outcome-oriented nursing practice at all points of care across the continuum.

The CNLSM role is directed towards RNs with a Master's Degree in Nursing who desire to advance practice through direct patient care while having a more complex level of responsibility. The CNLSM has potential to address and improve the following:

- 1) Cost/financial outcomes such as length of stay, patient flow, readmission rate and RN turnover
- 2) Patient satisfaction, staff satisfaction, and retention

3) Quality/internal process outcomes such as medication management, patient safety, and prevention of nosocomial infections

4) Practice Model Transformation such as evidence-based and collaborative, interdisciplinary practice.

As of August 2007, over 80 VAMCs are participating in the CNL Initiative. This system-wide initiative is being implemented in collaboration with the American Association of Colleges of Nursing (AACN), who initially proposed the role in 2003. Visit the CNL webpage at http://vaww.collage.research.med.va.gov/collage/N_CNL/ for more information.

VA Nursing Academy: Partnering with the Academic Community to Enhance Nursing Education

Nursing Partners: VA Office of Academic Affiliations (OAA), AACN, the National League for Nursing (NLN), Robert Wood Johnson Foundation (RJWF)

VA has established a VA Nursing Academy (VANA) pilot program entitled, "Enhancing Academic Partnerships" to address the nursing shortage within VA, as well as the nation. VANA emphasizes the importance of partnering with the academic nursing community to ensure a viable, educated workforce. The goals of VANA are to:

- 1) Expand teaching faculty in VA facilities and affiliated nursing schools
- 2) Increase VA recruitment and retention by enhancing clinical experiences for nursing students and expanding teaching and research opportunities for VA nurses
- 3) In the future, establish scholarship programs for nursing students

The first four pilot sites were competitively selected from 42 proposals:

- North Florida/South Georgia Veterans Health System; University of Florida in Gainesville;
- VA San Diego Healthcare System; San Diego State University;
- VA Salt Lake City Healthcare System; University of Utah in Salt Lake City;
- VA Connecticut Healthcare System; Fairfield University in Fairfield, Connecticut

Four VA partnerships will be selected for each of the two years remaining in the pilot (ending with academic year 2011-2012), bringing the total number of nursing affiliated partnerships to 12. The VA Nursing Academy will enable stronger, mutually beneficial relationships between Schools of Nursing nationwide and VA facilities. For more information, visit the website at <http://vaww.va.gov/oaa/vana/>.

Evidence-Based Practice Toolkit: Providing Tools for Success

Nursing Partners: National Nursing Leaders and Nursing Professional Organizations

An Evidence-Based Practice (EBP) toolkit is currently being developed and will be available on the ONS website in 2008. The EBP toolkit is designed for nurses at all levels and various work settings. It contains a wide range of information, such as the basics of EBP, implementing EBP projects within the medical center, weblinks on the development of EBP demonstration projects, and exemplars of EBP for nurses in all settings.

Transforming Care at the Bedside (TCAB): VA Medical Surgical Units Involved from the Start

Nursing Partners: RJWF, American Organization of Nurse Executives (AONE), Interdisciplinary Care Teams

Transforming Care at the Bedside (TCAB) is a national project designed to transform care processes for ongoing improvement in medical surgical units. These transformations are accomplished by engaging and empowering nurses and managers to identify needed changes, rapidly conduct small tests of potential solutions or improvements, and determine whether changes should be implemented. As a result, nurses on TCAB units report measurable improvements in work unit vitality, patient safety and reliability of care efficiency with which the unit delivers care, and the patient centeredness of the care delivered.

TCAB projects were funded by Robert Wood Johnson Foundation. The initial work was initiated by the Institute for Healthcare Improvement (IHI) and involved 13 strong, diverse US hospitals, including the Tampa VAMC. The project has been expanded by the AONE at <http://www.ihl.org/IHI/Programs/StrategicInitiatives/TransformingCareAtTheBedside.htm> to work with 68 hospitals nationwide including four VAMCs: Central Arkansas Veterans Healthcare System, Greater Los Angeles Healthcare System, San Francisco Veterans Affairs Medical Center, and Zablocki Veterans Affairs Medical Center in Milwaukee. ●

VA Nurses on "FIXing" the Flow Problem

"Many nursing staff are involved in interdisciplinary flow improvement teams supporting FIX (Flow Improvement Inpatient Initiative) within VHA. Nurses serve as team leaders and members in numerous endeavours such as systems redesign using tools, for example value stream mapping, to identify the most efficient processes that improving the discharge process utilizing discharge appointments and implement innovative ways to ensure that the right patient is in the right bed the first time."

"Since the staff is aware of the admissions and discharges for the day and even projected into the future at times, it assists them in setting priorities, planning of care, and incorporating education of the patient into their daily care."

« VANOD spotlight

Trending nursing sensitive quality indicators over time provides invaluable information for administrators and clinicians to analyze and use as a basis for data-driven decisions for patient care models and staffing methodologies. Current VANOD data include Skin Risk assessments, Nursing staff demographic and financial information, RN Satisfaction, and Nurse Staff Injury. Future indicators will include Hours Per Patient Day of Care (HPPD), Patient Fall Risk Assessments, nursing care for Spinal Cord Injury and Disability patients, and Dysphagia screening for new stroke patients.

"5 MILLION LIVES" CAMPAIGN

The Institute for Healthcare Improvement (IHI) & VHA: Building on Successes of "100,000 Lives" Campaign

The Six Interventions from the 100,000 Lives Campaign:

- **Employ Rapid Response Teams...** at the first sign of patient decline
- **Deliver Reliable, Evidence-Based Care for Acute Myocardial Infarction...** to prevent deaths from heart attack
- **Prevent Adverse Drug Events (ADEs)...** by implementing medication reconciliation
- **Prevent Central Line Infections...** by implementing a series of interdependent, scientifically grounded steps
- **Prevent Surgical Site Infections...** by reliably delivering the correct peri-operative antibiotics at the proper time
- **Prevent Ventilator-Associated Pneumonia...** by implementing a series of interdependent, scientifically grounded steps

The 6 Interventions from the 5 Million Lives Protected from Harm Campaign:

- **Prevent Pressure Ulcers...** by reliably using science-based guidelines for their prevention.
- **Reduce Methicillin-Resistant Staphylococcus Aureus (MRSA) Infection...** by reliably implementing scientifically proven infection control practices.
- **Prevent Harm from High-Alert Medications...** starting with a focus on anticoagulants, sedatives, narcotics, and insulin.
- **Reduce Surgical Complications...** by reliably implementing all of the changes in care recommended by the Surgical Care Improvement Project (SCIP).
- **Deliver Reliable, Evidence-Based Care for Congestive Heart Failure...** to reduce readmissions.
- **Get Boards on Board....** Defining and spreading the best-known leveraged processes for hospital Boards of Directors so that they can become far more effective in accelerating organizational progress toward safe care.

<http://www.ihl.org/IHI/Programs/Campaign/>

In order to save 5 million lives by implementation of multiple evidence-based strategies to reduce national morbidity and mortality rates and increase patient safety, "5 Million Lives" followed the success of the "100,000 Lives" campaign, which focused on *Rapid Response Teams, Acute MI care, Adverse Drug Events, Central Line Infections, Surgical Site Infections, and Ventilator Associated Pneumonia (VAP)*. "5 Million Lives" focuses on *Pressure Ulcer Prevention, MRSA Infections, High Alert Medications, Surgical Complications, Congestive Heart Failure, and Activating Hospital Boards* to accelerate organizational safety practices.

The Inpatient Evaluation Center (IPEC)

IPEC supports the implementation of multiple evidence-based strategies outlined in the IHI "5 Million Lives" campaign. The IPEC mission is to measure and report risk adjusted outcomes (including risk adjusted mortality and length of stay) in all VA ICU patients, develop quality metrics, and implement practices nationally to improve patient outcomes. IPEC trends risk adjusted outcomes to assess interventions used to improve the quality of care. This risk adjustment model will be expanded to include all acute care patients near the end of FY07.

<http://www.gapscenter.va.gov/ipec.asp>

Rapid Response Teams (RRT)

Initially begun as a part of the IHI 100,000 Lives campaign, rapid response teams (sometimes known as a medical emergency team or a medical response team) have been deployed to provide early intervention and stabilization to prevent clinical deterioration or arrest, or an ICU admission. There are a variety of models for team composition, but many include an ICU nurse and a respiratory therapist. The rationale for this "pre-code" team is based on evidence such as "In hospital cardiac arrests - 84% had evident instability within 8 hours of arrest" (Chest 1990; 98:1388).

<http://www.ihl.org/IHI/Topics/CriticalCare/IntensiveCare/Changes/EstablishaRapidResponseTeam.htm>

Comments from VA Nursing staff

"I was very impressed with the information provided in these [IPEC online] modules. They provided a wealth of knowledge in these two areas of nursing care that need particular emphasis for patient safety. Thank you for providing this learning information that better develops my nursing skills and knowledge."

"With the focus being on reducing ventilator associated pneumonia and central venous catheter-related blood stream infection and the recent education handed down to staff members in our unit, I found the reinforcement of this material to be very helpful and timely. I recommend that the [IPEC online] modules be used by all of our staff members. Our goal is 100 percent compliance with utilizing the modules and implementing the bundles of care."

"This was my first experience with RRT. This is an excellent idea - let's keep this going. What an improvement in patient care!"

"[IPEC] is very educational and makes a huge difference in providing appropriate care for patients."

BEST CAREER

VA Nursing Cultivates the Workforce and Leaders of Tomorrow



Given that nurses are critical to the VA mission, ONS, in partnership with others in the organization, consistently looks to the future to ensure the hallmark strength and contribution of nurses. VA continues to maintain low turnover and vacancy rates. Ongoing work is aimed at attracting the best talent and enhancing the skill sets and satisfaction of existing staff. From scholarship programs to leadership development, VA supports nurses throughout their careers. As exemplified by the annual RN satisfaction survey, VA nurses truly enjoy their work environment. Nurses have a wealth of professional development resources and career paths available to them at VA, while working everyday for a mission that remains close to their hearts.

ONS recognizes the importance of maintaining a strong nursing workforce and strives to create an effective work environment for nurses through succession planning, various nursing leadership roles, ongoing programs and initiatives that promote continued education, career advancement, and sound employee relationships for all VA nursing staff.

Investing in the Nursing Leaders of Tomorrow, Today

Nursing Partners: *Workforce Management and Consulting, Healthcare Retention and Recruitment Office (HRRO), Succession Planning Program Office*

Attracting, developing, and retaining qualified nurses is essential to ensuring high quality care for veterans. Local recruitment efforts are supported with national efforts and resources. The VHA Healthcare Recruiters Toolkit is constantly updated with a host of resources to support local recruitment efforts. Everything from advertisement materials to discussion groups are available and designed to support recruitment efforts. The toolkit is available at www.vacareers.va.gov/hrrotoolkit.

In addition, a cadre of educational scholarship and loan repayment programs promotes the recruitment and retention of nurses. VA Learning Opportunities Residency (VALOR) is designed to give junior nursing students the opportunity to develop competencies in clinical nursing at a VA healthcare facility. Approximately 50 percent of returning VALOR students were hired in 2006. In addition, the Education Debt Reduction Program (EDRP) provides education loan repayment to newly appointed nurses. Over 70 percent of nurses receiving EDRP have been retained within VA. To assist nurses in completing or continuing their formal education, VA offers the Employee Incentive Scholarship Program (EISP) including the National Nursing Education Initiative (NNEI) and VA Nursing Education for Employees Program

(VANEOP). More than 6000 nurses have taken advantage of these programs. When looking at nurses employed for more than 5 years by VA, those who participate in these programs have a considerably lower turnover rate (2.5 percent) in comparison to other nursing employees (6.2 percent).

Nurse Manager Leadership Institute: Enhancing Operational Management

Nursing Partners: *National Nurse Executive Council (NNEC), Employee Education Service (EES)*

VISN 17 piloted the VA Nurse Manager Leadership Development Institute which was based on the Nurse Manager Core Curriculum, High Performance Development Model, and the VISN 17 Nurse Manager Training Needs Assessment.

The program is now available to all VAMCs as a result of positive evaluations received from the pilot. Some specific learning objectives identified for this training are to:

- Increase the Nurse Manager's self-knowledge
- Increase the Nurse Manager's performance in specific technical skills
- Increase the Nurse Manager's interpersonal relationship skills
- Improve coaching and mentoring skills

New Hybrid Title 38 LPN/LVN Professional Standards Board Process

Nursing Partners: *Workforce Management and Consulting, Labor Officials*

Twenty-two additional clinical professions are now incorporated under the employment structures and rules of Hybrid Title 38 in 2006. New policies were developed in collaboration with union officials to incorporate the statutory changes. LPN/LVNs were already Hybrid Title 38, but several aspects of their boarding process and related HR rules were impacted by these changes, which include:

- LPN Professional Standards Boards (PSB) or peer review board is comprised of only LPN members
- Time in grade requirement has been removed
- Promotion up to journeyman level (GS 6) is now performed by the supervisor and second line supervisor rather than the PSB
- Special Advancements for Performance nominations no longer require PSB review

- ALL GS 7 actions that require PSB review are sent to the VISN level LPN PSB, as are all reconsiderations (Note: Except GS 7 reconsiderations, which are sent to the VACO level LPN PSB)
- Implementation of the new LPN/LVN Professional Standards Board Process began April 30, 2007

For more information, visit the LPN Professional Standards Board resources at http://vaww.collage.research.med.va.gov/collage/N_lpnpsb/.

You will also find resources and information for the RN Nurse Professional Standards Board at:

http://vaww.collage.research.med.va.gov/collage/N_npsb/community_N_npsb.asp ●

Workplace Improvement

30 – 40 percent of new VA nurses are referred by colleagues already employed in VHA. This attests to the quality and importance of the work environment for nurses.

Strategies for workplace improvement include:

- Ongoing Supervisor, Manager, and Executive Training
- Educational and Mentoring Programs for Nurses Throughout the System
- Initiatives Related to Cultural Health

Leadership development programs include:

- Nurse Manager Core Curriculum
- Nurse Manager Leadership Development
- Nurse Executive Mentor Program
- Federal Executive Institute Nurse Executive Leadership Program
- National Nursing Leadership Conference

Programs related to cultural health include:

- American Nurses Credentialing Center's (ANCC) Magnet Recognition Program
- Civility, Respect, and Employee Engagement in the Workplace (CREW)
- Respect, Education, Awareness, Collaboration, and Honesty (REACH)
- Affirming the Commitment (ATC)

« VANOD spotlight

The RN satisfaction survey yields valuable information about the organizational philosophy and structures that contribute to satisfactory work environments and engaged staff. Further education efforts regarding VANOD and ProClarity data cubes will help all levels of nursing to further understand and leverage the power of VANOD to inform nursing practice and improve work environments.

(See page 10 in Business Section for 2007 results)

VA NURSING PARTNERS TO IMPROVE INFORMATION SYSTEMS

Leading the Way into the 21st Century

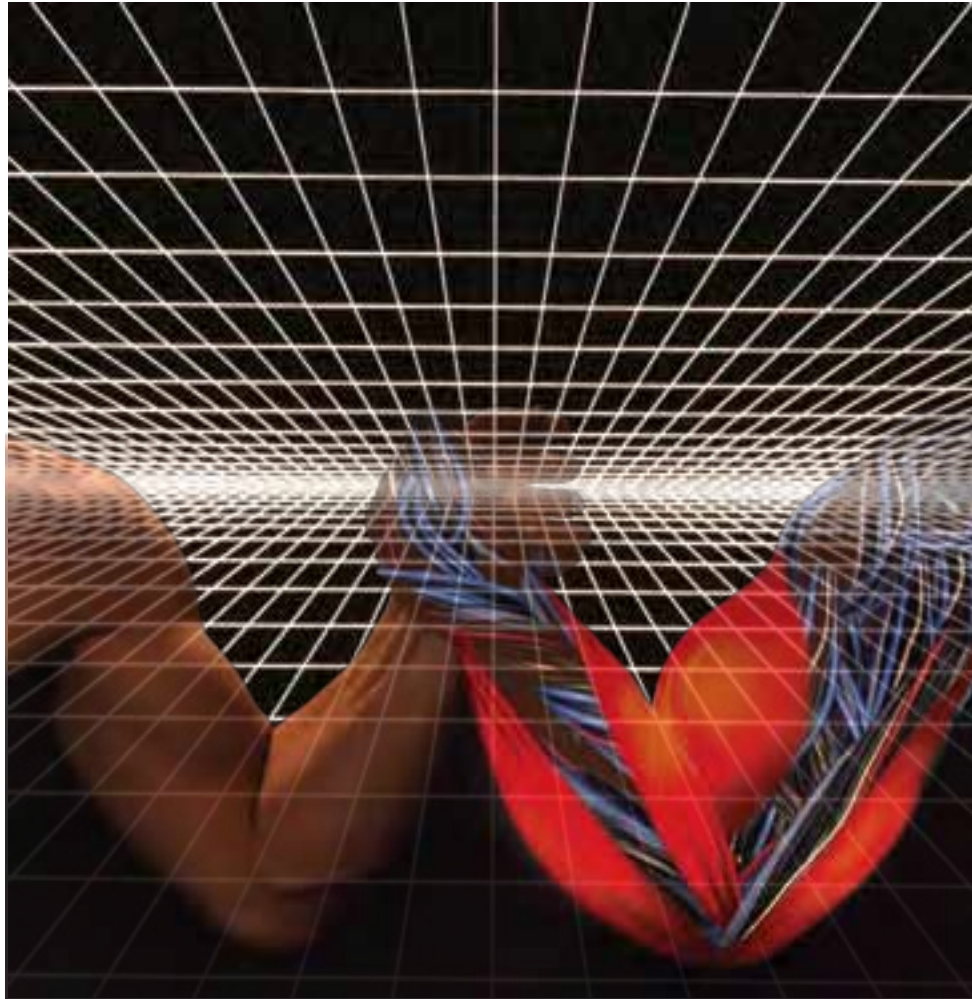
In the past 10 years, VHA has seen dramatic improvements in performance indicators and general organizational efficacy. This, in part, is the result of concerted efforts to incorporate technological innovations for more cost-effective and seamless patient care delivery. For example, consider the Bar Code Medication Administration (BCMA) project which led the way for nursing informatics innovations. Technological advancements support efficiency and effectiveness in clinical, administrative, and research nursing priorities. Implementation of innovative information systems leads to data-driven solutions and decision-making. Through both internal and external partnerships, VHA continues to invest in novel IT solutions and leads the IT revolution in healthcare.

Coming Soon to a VHA Computer Near You: MRSA Virtual Simulation Training

Nursing Partners: MRSA National Program Office, EES, VA Pittsburgh Healthcare System (VAPHS)

VHA launched a National Prevention Initiative as part of the 5 Million Lives campaign to reduce the number of healthcare acquired MRSA infections among our veterans. This initiative was based on successful implementation of the VHA MRSA Bundle at VAPHS. The VHA MRSA Bundle is a prevention strategy which includes:

- Active Surveillance (Admission/Discharge/Transfer, Nares Swabbing)
- Contact Precautions (Gloves, gowns, masks, etc.)



- Hand Hygiene (Before/After Patient Contact)
- Cultural Transformation (Leadership and staff engagement)

Using cutting-edge technology, a MRSA Virtual Simulation training program is under development. Virtual reality simulation provides in-depth training to large and diverse groups of clinicians and support staff via an interactive 3-D environment. As a web-based application, there is unlimited access to the training tool from any VHA computer connected to the Intranet. This multi-sensory, self-directed method of staff training should enhance knowledge retention and MRSA Bundle compliance while utilizing our expansive IT infrastructure for system-wide dissemination.

Enhancing Performance Evaluations Through Electronic Proficiency Reports

Nursing Partners: VA Office of Information and Technology, VISN 22 facilities, VHA Office of Information

An electronic proficiency will standardize the nursing peer review process nationally and will support enhanced education of all RNs regarding the proficiency process. A software program was developed by the Northern California Healthcare System and has been exported to other

facilities in VISN 22. The software has been presented to the Human Resources Committee for consideration of national implementation.

OEF/OIF Nursing Sensitive Outcomes: Documenting Nursing Care to Improve Care for Veterans

Nursing Partners: HSR&D and QUERI)

VA Health Services Research and Development Program funds the development of evidence syntheses on topics that will be used to inform clinical policy, such as setting directions for future research to address gaps in knowledge. Bonnie Wakefield (Director of Health Services, Research and Development at Columbia, MO VAMC) is leading a project that will identify research-based nursing care to improve the quality of care provided to OEF/OIF veterans and to analyze the effect of this care in improving health outcomes. The first step of this project is to conduct a systematic literature review to identify research-based nursing interventions that are effective in treating PTSD in OEF/OIF veterans with input from an interdisciplinary expert panel from various institutions and organizations. The systematic review will be conducted by VA Evidence Synthesis Program. The long term goals of this project are to use VA computerized patient record to document what nurses do for OEF/OIF veterans, evaluate the impact on desired outcomes, and to develop and implement a home telehealth-based PTSD program. ●

« VANOD spotlight

VANOD business rules for data quality to minimize burden on end user and enhance effectiveness of data include:

- Data capture through existing sources at the point of origin and/or as a byproduct of work processes
- Mechanism for end users to validate their data
- Data that are close to "real time" as possible
- Automatic extraction and nation rollout



Nursing IT Needs Assessment

VHA Office of Information (VHA OI) and ONS have teamed up to implement a Nursing IT needs assessment. Recommended by the National Commission on VA Nursing to promote recruitment and retention of nurses, information gained from this project will be pivotal in setting future direction for ONS and VHA OI performance improvement initiatives. The Office of Nursing Services has identified a person to staff this project and the Office of Information has funded the project. ●



LOOKING TOWARDS THE FUTURE

Vision Statement for VHA Information Systems

“ ... looking towards a future we can barely imagine”

VHA will have a fully integrated clinical and administrative decision-support system. Patient information, as well as administrative and clinical performance measures will be meshed into a single system whereby veterans, clinicians, and administrators will have continuous access to system-wide data and information. Clinicians will have point of care access to interdisciplinary planning and documentation modules to support healthcare delivery. An administrator will have support from decision-support modules that collect and analyze patient and operational data to make critical decisions, such as staff scheduling based on patient acuity.

Several cutting-edge projects are underway to make this vision a reality as we lead the healthcare industry in IT innovation. Stay tuned for exciting new technological initiatives, such as...

Clinical Flow Sheet

The Clinical flow sheet application will allow customizable user-interface with CPRS to view, enter, and update patient data. Nursing staff are working with the project technical team at Hines (Illinois) to develop the flow sheet application. It will be used to develop documentation flow sheets across clinical settings for support of various levels of care. Phase I of the application should be completed in the Fall of 2008.

Admission Assessment

The Nursing Clinical Informatics Sub-group sponsored a pilot of an admission assessment to be used as a standardized document. The assessment consists of 17 modules, the first being Skin Risk Assessment, that can be exchanged when the evidence requires a change in clinical practice.

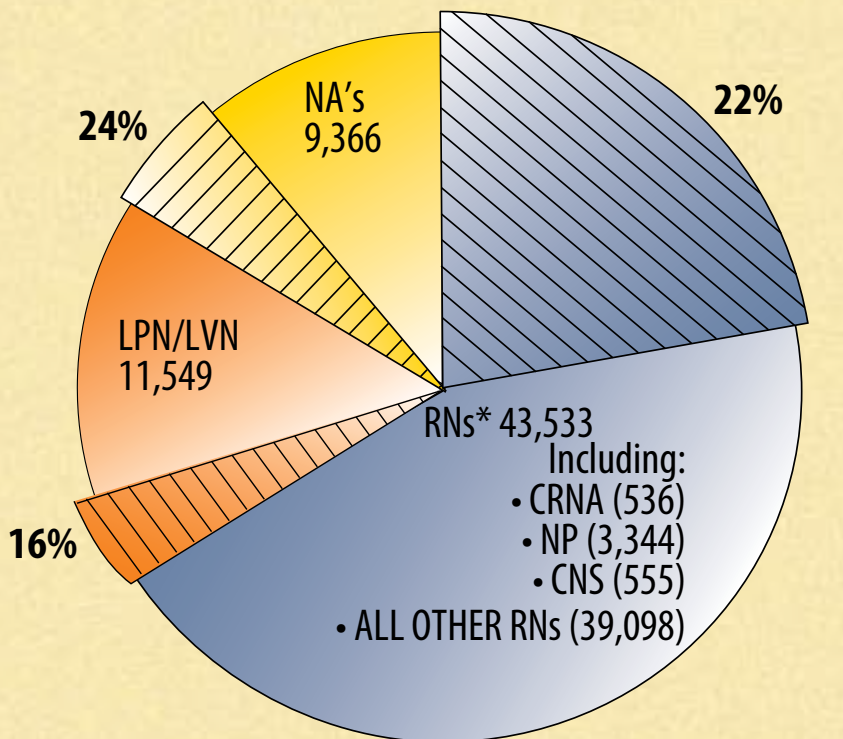
Safe Patient Handling

In collaboration with the Tampa (Florida) VA Industrial Hygienist, Director of Employee Health, and Director of VA Nursing Homes, guidelines have been developed to implement ceiling lifts throughout patient care sites. These guidelines are evidence based, including research from the VISN 8 Patient Safety Center of Inquiry in Tampa, Florida.



BUSINESS

VHA Nursing Demographics: 2007 Number of Current Employes and 2010 Total Potential Loss



■ RN Registered Nurse ■ LPN/LVN Licensed Practical/Vocational Nurse ■ NA Nurse Assistant

■ 2010 % Projected losses (e.g. Retirement, Resignations, Terminations)

RN = Registered Nurse	LPN = Licensed Practical Nurse
CRNA = Certified Registered Nurse Anesthetist	LVN = Licensed Vocational Nurse
NP = Nurse Practitioner	NA = Nurse Assistant
CNS = Clinical Nurse Specialist	

Source: VA PAID data, HREmployee cube, Human Resources Data Mart (HRDM), VSSC website (<http://vssc.med.va.gov/>), extracted 12/07
 Source: VA PAID data, KLF Report-Retirement Eligibility & Voluntary Retirement, VSSC website (<http://vssc.med.va.gov/>), extracted 10/07

VHA Nursing Gains Trends

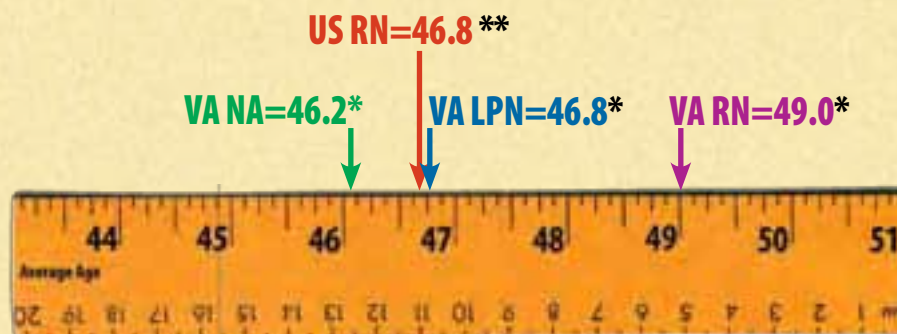
	2004	2005	2006	2007	2010*
Registered Nurse	4480	3514	4190	5937	4320
Licensed Practical/Vocational Nurse	1727	1430	1610	1989	1330
Nursing Assistant	1610	1287	1371	1732	1023



Source: VA PAID data, HRNOA cube, Human Resources Data Mart (HRDM), VSSC website (<http://vssc.med.va.gov/>), extracted 12/07
 Source: VHA Workforce Succession Strategic Plan FY 2008-2012 - version 5.0 - September 28, 2007 *Projected Gains required to fill the estimated workforce need



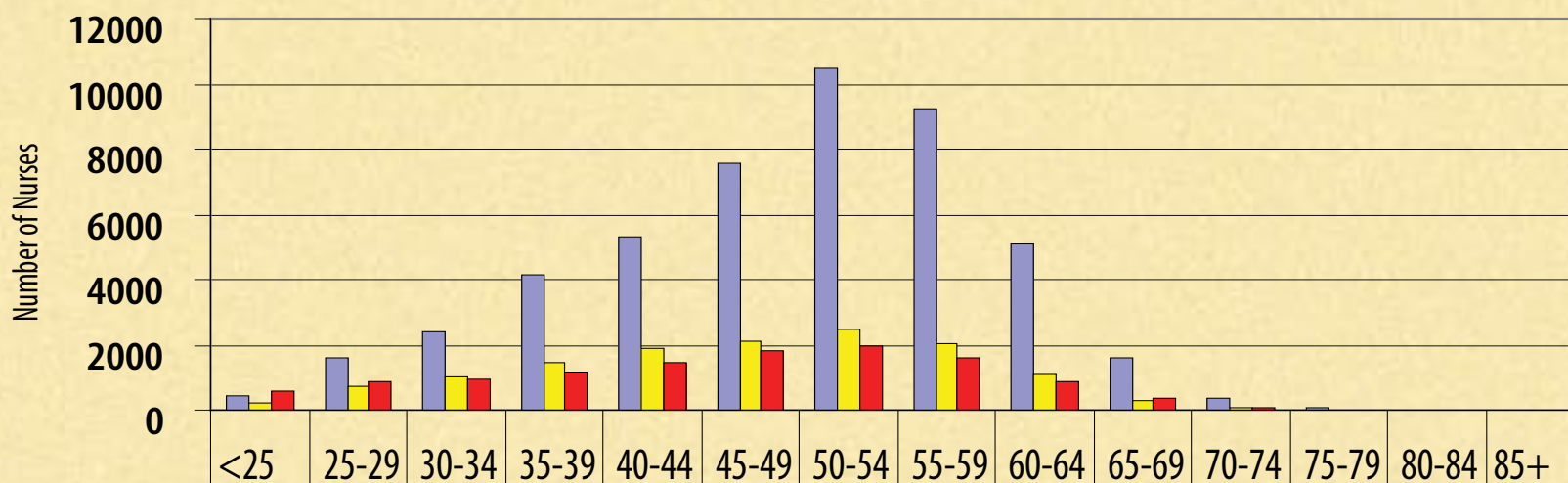
National Nursing Average Ages: VA vs. US



* Source: VA PAID data, HREmployee cube, Human Resources Data Mart (HRDM), VSSC website (<http://vssc.med.va.gov/>), extracted 10/07
 **Source: US Dept of Health & Human Services (DHHS), Findings from the National Sample Survey of Registered Nurses, March 2004

VHA Nursing Employee Counts by Age Bracket

Age Ranges of Nurses



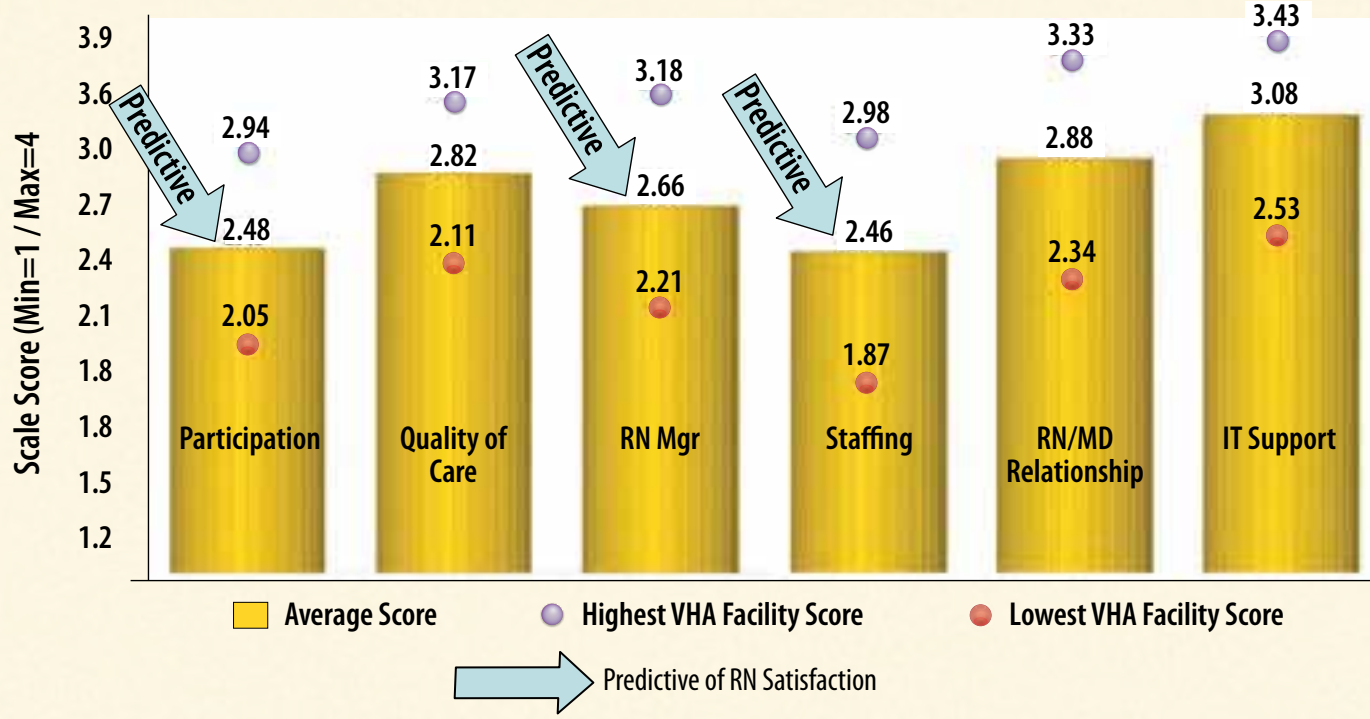
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
RN	455	1,568	2,389	4,119	5,322	7,545	10,487	9,258	5,075	1,619	345	66	8	2
LPN/LVN	226	709	1,021	1,443	1,877	2,113	2,460	2,012	1,100	316	68	14	4	
NA	578	881	942	1,140	1,421	1,802	1,956	1,612	905	334	86	19	10	

Source: VA PAID data, VA Nursing Outcomes Database Cube, VSSC website (<http://vssc.med.va.gov/>), extracted 12/07

BUSINESS

VANOD RN Satisfaction: Six Subscales

FY 2007 RN Satisfaction Scale Scores
Practice Environment Scales (PES)-National Averages
High Scores = More Favorable Perceptions of the Nursing Practice Environment



SAMPLE QUESTIONS

RN Satisfaction: Subscale Analysis

Participation

- Chief Nursing Officer who is highly visible/accessible
- Opportunity for staff nurses to participate in policy decisions
- Administration listens and responds to employee concerns

Quality of Care

- Work with nurses who are clinically competent
- Active quality assurance program
- High standards of nursing care are expected by administration

RN Manager

- Supervisory staff is supportive of the nurses
- Nurse manager is a good manager/leader
- Praise and recognition for a job well done

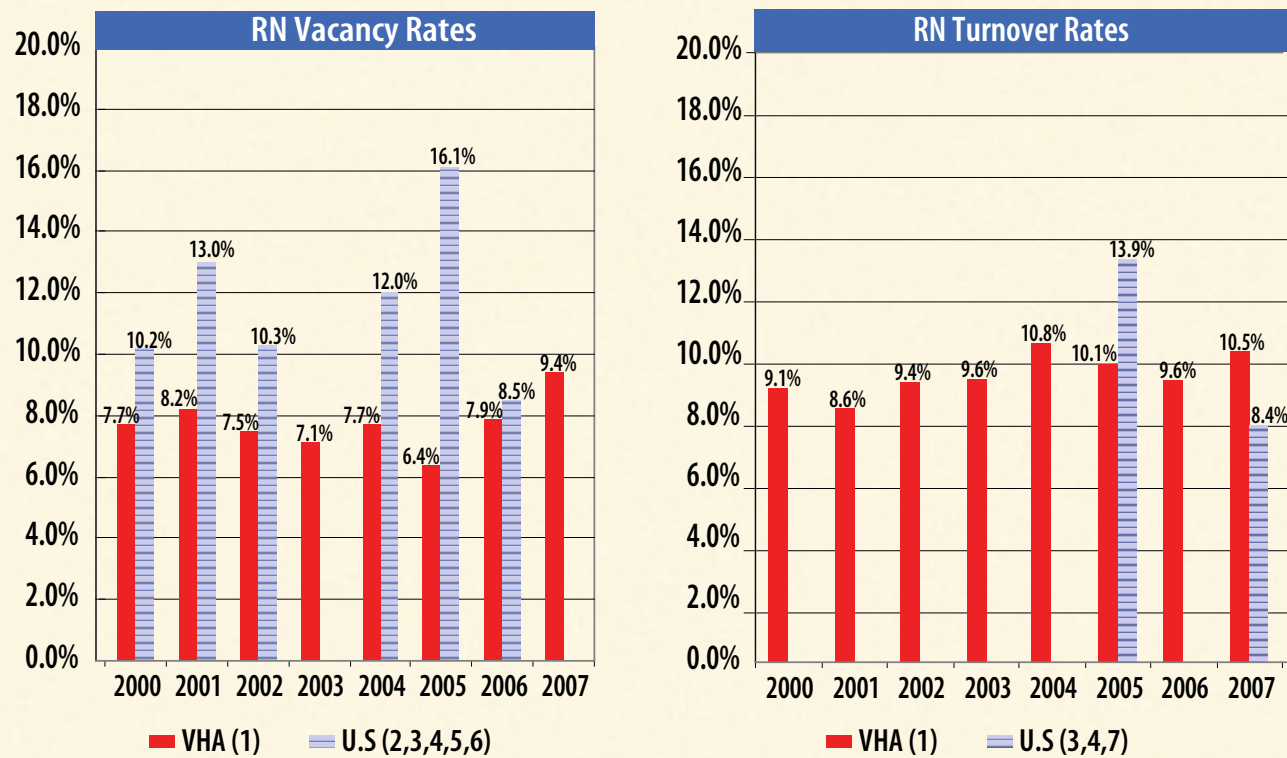
RN Vacancy & Turnover

- Enough staff to get the work done
- Time/opportunity to discuss patient care problems with others
- Adequate support services allow more time with the patient

RN/MD Relations

- Physicians/nurses have good working relationships
- A lot of team work between nurses and physicians
- Collaboration between nurses and physicians

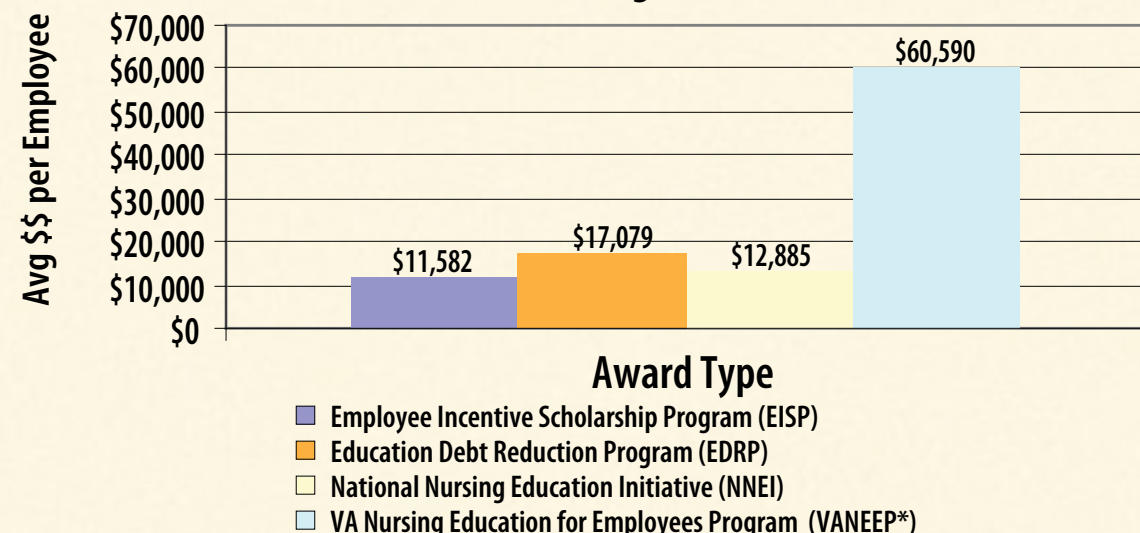
Vacancy and Turnover



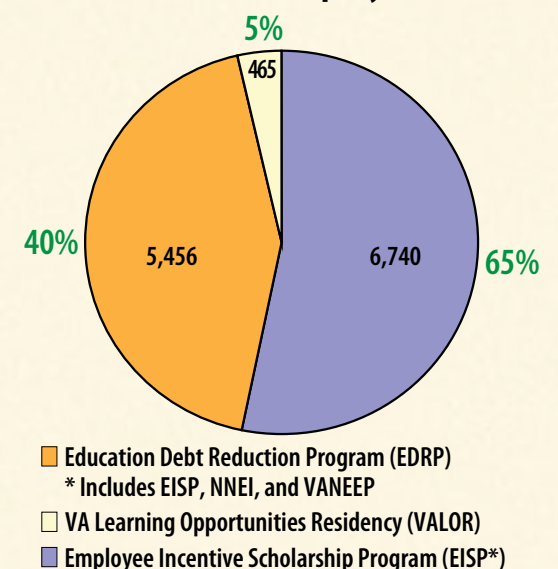
Source:
 1) VA Annual Report on Nurse Staffing, 2005
 2) American Hospital Association, June 2004 Report
 3) Bernard Hodes Group, March 2005
 4) American Organization of Nurse Executives, 2000 Acute Care Hospital Survey of RN Vacancy & Turnover Rates (Jan 2002)
 5) American Hospital Association, Fall 2001 Report; 2006 Report
 6) American Nurse's Association (Magnet Award Conference), 2002
 7) PricewaterhouseCoopers' Health Research Institute, 2007 Report

Health Recruitment and Retention 2007

VA Nursing Education Programs, FY07-Average Award Amount



VA Nursing Education Programs: FY07-Number of Employee Awards



Source: Mary Raymer, PhD, RN, CNAA, Healthcare Recruitment & Retention Office: Scholarship Programs, presented at the Annual Retention & Recruitment Conference, July 2007.

Awardees for 2006 & 2007



CLASSIFIEDS

*Excellence
in Nursing Services*

WINNERS!

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MAGNET AWARD



2006 Recipient

Portland VA Medical Center

The Magnet Recognition Program for Excellence in Nursing Services is offered by the American Nurses Credentialing Center. It is the highest level of recognition that can be awarded to nursing services in healthcare organizations.

2006 – Portland, Oregon VA Medical Center
2004 – Houston, Texas VA Medical Center
2001, 2005 – Tampa, Florida Veterans' Hospital

Quotes from the News...

National Journal, February 2006

"Not only do veterans rate their VA care much higher overall than the general population rates its hospital experiences, vets also consistently give VA doctors and nurses high scores for "responsiveness" (83 out of a possible 100), courtesy (90 out of a 100), and "respect and dignity afforded patients" (91).



2006 & 2007 Winners of the Secretary's Award for Excellence in Nursing

◆ Nursing Assistant Category

Robert D. Smith, HT, Alaska VASHRO - 2006
Petra Holder, Northport VAMC - 2007

◆ LPN/LVN Category

Paul Loveric, Buffalo VAMC - 2006
Aura-Lee Nicodemus, White River Junction VAMC - 2007

◆ RN Staff Category

David Foley, VA Healthcare System of Ohio - 2006
Suzanne Strok, Dayton VAMC - 2007

◆ RN Expanded Category

Kathleen Ober, San Diego VAMC - 2006
Elizabeth A. Noelker, Louis Stokes VAMC - 2007



2006 & 2007 Winners of the Secretary's Award for Advancement of Nursing Program

◆ Nurse Executive Category

Lizabeth M. Weiss, Buffalo VAMC - 2006
Christine A. Gregory, VA Central Iowa HCS - 2007

◆ Director Category

Joseph Williams, Jr., Hampton VAMC - 2006
James A. Tuchschildt, Portland VAMC - 2007

Classifieds

National awards, publications, high visibility professional nursing accomplishments were solicited from VA Nursing community. Items are submitted on a voluntary basis by the field; the recipients listed here may/may not represent the full scope of accomplishments by VA Nurses during 2006-2007.

2006 and 2007 National Nursing Awards



- * **Christine Kasper**, professor at the Uniformed Services University of Health Sciences (USUHS) and member of the Office of Nursing Services, was awarded the **Faye Abdallah Research Award** May 17, 2006.
- * **Dorothy White-Taylor**, Chief Nurse Executive, and **Richard J. Baltz**, Director, G. V. (Sonny) Montgomery VA Medical Center, have both been named recipients of the **2006 American Academy of Nurse Practitioners State Award for Excellence**.
- * **Penny Kaye Jensen**, VA Salt Lake City Healthcare System, is one of twenty one (21) individuals selected as **Fellow of the American Academy of Nurse Practitioners for 2006**. Ms. Jensen is a Family Nurse Practitioner in the primary care clinics and is assigned to support the University of Utah College.
- * **Betty Wexler**, Clinical Nurse Specialist, VA Palo Alto Healthcare System Geriatric Research, Education and Clinical Center, has been selected from a group of outstanding nominees as the winner of the **Marsha Goodwin-Beck Excellence in Geriatric Clinical Care Delivery Award**.
- * **Charles Holmes**, Supervisory Nursing Assistant, VAMC-Milwaukee, WI received the **Exemplary Service Award from Leadership VA Alumni Awards Association (LVAAA)**. Mr. Holmes was nominated by Mr. Larry Berkeley, Associate Medical Center Director, VAMC-Milwaukee, WI.
- * **Sandy Leake**, Associate Director, Atlanta VA Medical Center, was nominated by several staff members for the **Advance for Nurses magazine's "Best Nurse Leader" for 2006**, Southeast Region. She was the "cover girl" on the October 23 issue.
- * **Jenice Guzman**, Greater Los Angeles Health System received the **Excellence in Leadership Award**, National Coalition of Gerontological Nurse Practitioners, October 2006.
- * **Mary Sullivan**, Psychiatric/Mental Health Nurse/Forensic Nurse, VA Southeast Extension Clinic, Mesa, AZ, was promoted to **Fellow in the American Academy of Forensic Sciences (AAFS)** on February 7, 2007.
- * **Audrey Drake**, Deputy Chief Nursing Officer, ONS, received the **NOVA Legacy Award** in recognition of her "life-long demonstration of concern for humanity, significant contributions to VA nursing and the community, including commitment to life-long learning, role modeling and mentoring services for others." The DC Army National Guard dedicated the Audrey Drake Health and Dental Clinic on May 20, 2007

Classifieds



2006 Winners of Office of Nursing Services Innovations Awards Theme: Advanced Clinical Access (ACA)



Implementation of ACA Strategies in Specialty Clinics

Project Leader: Sandra Parkes

Team Members: David Renfro, Anita Straley, Judith Thielen, Faud Freiha, Deborah Sisty

Location: Palo Alto, CA

Implementation of ACA in an Academic Primary Care Team

Project Leader: Joyce Kron-Chalupa

Team Members: William Iverson, Janice Toopes, Stephanie Torres

Location: Iowa City, IO

ACA Principles beyond Primary Care-Patient Flow Across the Continuum

Project Leader: Linda S. Stout

Team Members: Mirza Ali, Patricia Delisle, Diane Smith, Cathy Kieczkajlo, Valerie Boytin, Elaine Hunter, Thomas Patts, Stephen Kichka

Location: Wilkes-Barre, PA

TeleCare Nurse Advice Line Tuck-In Call Program

Project Leader: Cynthia M. Thompson

Team Members: Jane Montgomery, Linda Volkman, Angel Amulis

Location: Los Angeles, CA

The ACA Process Applied to Specialty Care: One Example-Tele-Retinal Diabetic Eye Screening

Project Leader: W. Ruth Muse

Team Members: Sydney Wertenberger, Yogesh Bhatt, Nannette Gunn, Tamara Stubbs, Cathey Amyx, Shirley Pearman, Timothy Moore, Sandra Hicks, Ed Sheffield, Ladonna Johnson

Location: Poplar Bluff, MO

Using ACA Principles to Develop and Implement a Safe Patient Handling and Movement Program

Project Leader: Cathy Moore

Team Members: Ruth Yerardi, Cathy Walker, William Golf

Location: Chillicothe, OH

Mental Health/Homeless Primary Care: Expanding the Care Continuum

Project Leader: Susan G. Rosenberg

Team Members: Joan Brosnan, Keith Heinzerling, Carmelita Bernardo, Xiaowei Feng, Roman Samiley, Mary David, Jennifer Villaruz, Theresa Patton, William Daniels

Location: Los Angeles, CA

Chronic Disease Maintenance within Care Coordination Home Telehealth (CCHT)

Project Leader: Maria Roig Repollet

Team Members: Elizabeth Marrero, Michael Cruz Lopez, Sasha Torres, Margarita Cartagena, Daniel Reyes, Ivis Monte Andujar, Wanda I. Aponte, Jacqueline Munoz-Forti

Location: Caribbean HCS

ACA: Integration of Business and Technology Systems and Quality Management Processes in Care Management Services in a Busy GI Practice

Project Leader: Rosemary Ashby

Team Members: William P Boyd, Jr. William Messina, Patricia Mossop, Lynn Martinez, Iva Carol Russell, Carolyn Dunigan, Brigid Morgan, Deborah Millen, Omaira Serrano-Rosa, Kristi Hendrix, Davion Washington, Robert Ross, Sandra Willis, Shannon Gaines

Location: Tampa, FL

Care Coordination Across the Continuum of Chronic Illness

Project Leader: Betty Dameron

Team Members: Christopher Suelzer, Donna Chasteen, Debra Thayer, Peter Woodbridge, Sheryl Randolph, Deb Eulin, Judy Birt, Rita Davis, Rebecca Parks, Mary Alfimow

Location: Indianapolis, IN

Classifieds

2007 Winners of Office of Nursing Services Innovations Awards Theme: Evidence-Based Practice (EBP)

Catalyst for Change: Getting to Zero-MRSA Prevention Initiative

Project Leader: Mary V. Rudy

Team Members: Candace Cunningham, Cheryl Ann Creen, Robert Muder, Cheryl Squier, Alan Bernstein

Location: Pittsburgh, PA

The VAGLAHS Nursing Journey to Evidence Based Practice

Project Leader: Janice Roper

Team Members: Donna Beiter, Sharon Valente, James McGuire, Dean Yamaguchi, Dean Norman

Location: Los Angeles, CA

The Rapid Response Team: A Reduction in Cardiopulmonary Arrests

Project Leader: Anastasia Stacey Scime

Team Members: Regina G. Burke, Otis Goodwin

Location: Los Angeles, CA

Empowered Nurses Impact Major Changes in the Care of Stroke Patients

Project Leader: Patricia Langhans

Team Members: Maggie Vargas-Agostini, Donna Jeffares, Marcia Berry, JaNice Brady, Sally Zachariah, Jennifer Pearson, Nicole Esposito, Terry Headley, Mary Kiso

Location: Bay Pines, FL

The Recovery Innovation Project: From Day Treatment to Steps of Life

Project Leader: Brenda Matthews

Team Members: Nancy Maxwell, Joseph Connelly, Elizabeth Jane Hill, Maria Williams, Barbara Frank, Motria Deluca, Michael Gilman, Bryan Dickerson, Jeffrey Reardon

Location: Bay Pines, FL

Developing a Non-ICU Insulin Infusion Protocol for Improved Patient Outcomes

Project Leader: Christine Locke

Team Members: Judy McEuen, Rob Felder, Blake Lesselroth, LeAnn Snodgrass

Location: Portland, OR

Evidence Based Practice: Implementing a Fall Reduction Program in a Small VA Facility

Project Leader: Karri Primak

Team Members: Keri Pulley, Janice Beeken

Location: Cheyenne, WY

Safe Patient Movement and Fall Prevention

Project Leader: Kathleen Brodeur

Team Members: Tara Berry, Julia Neily, Deborah Cutts, Jason Zullo, Susan McCoy

Location: White River Junction, VT

Rapid Relaxation Response (RRR) for Wellbeing of Mind, Body, and Spirit

Project Leader: Jill Bormann

Team Members: Sheryl Becker, Madeline Gershwin, Wendy Belding, Patricia Bone, Martha Diaz, Allen Gifford, Ann Kelly, Christine McKibbin, Laureen Pada, Laura Regalbutto, Marty Shively, Steven Thorp, Katie Warren, Robert West

Location: San Diego, CA


Nurses Improve Medication Safety with Medication Allergy and Adverse Drug Reports

Project Leader: Lillian Murray

Team Members: Diane Fisher, Connie Stevens, Joyce Yamauchi, Michelle Kendall, Sharon Valente

Location: Los Angeles, CA


RECRUITMENT




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VA Travel Nurse Corps Pilot (TNC)

In the early Spring the VHA launched its TNC Pilot.

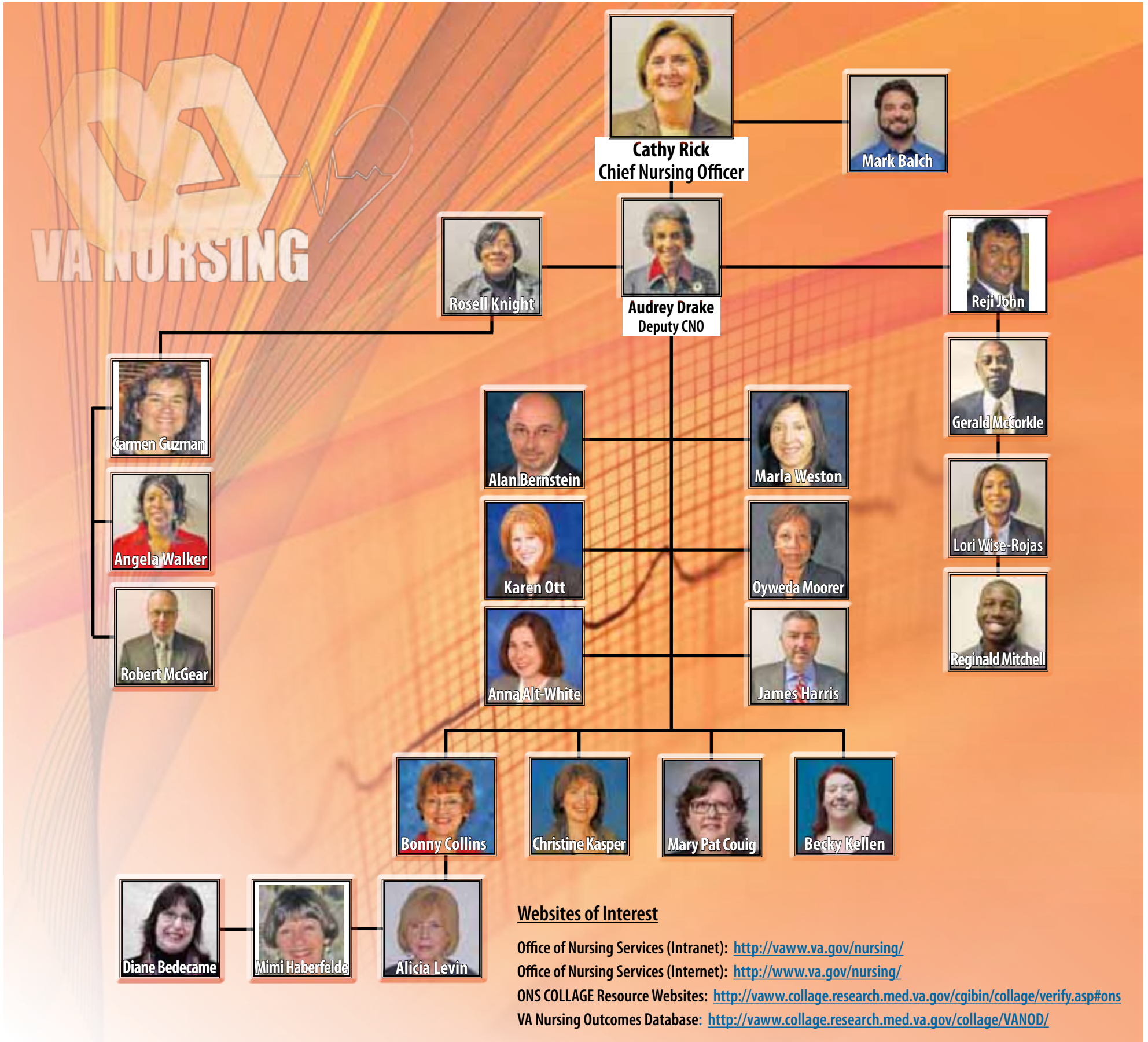
- A nation-wide internal pool of RN's available for temporary short term assignments at VAMCs.
- Approved as a three-year pilot and will be operated by the VISN 18 field office located at the Carl T. Hayden VA Medical Center in Phoenix.
- Goals of the program are to maintain high standards of patient care quality and safety; reduce the use of outside supplemental staffing; improve recruitment of new nurses; improve retention by decreasing turnover of newly recruited nurses; provide alternatives for experienced nurses who are considering leaving the VA; and establish a potential pool of RNs for national emergency preparedness efforts.
- Pilot will serve as a model for an expanded multidisciplinary VA travel corps.

TNC RNs will be selected from VA and the private sector. The RNs will be assigned to interested facilities throughout VHA and not be restricted to assignments in VISN 18 facilities. Assignment lengths will be flexible to meet the varying needs of VAMCs. RNs selected for the program will be appointed as intermittent nurses at a standardized wage for assignments around the country. These intermittent nurses will be paid for the time they work and receive travel and per-diem benefits competitive with the contracted local markets. There will be consideration for part-time appointments with pro-rated benefits. Nurses new to VA will receive standardized training on the special needs of Veterans, VA procedures and policies, Computerized Patient Record System (CPRS), Bar Code Medication Administration (BCMA), emergency response training/certification, and VA healthcare system in general. Pilot sites for staffing assignments will begin on a small scale, with expansion as appropriate.

Websites:

- Office of Nursing Services: <http://vaww1.va.gov/nursing/>
- TNC: http://vaww1.va.gov/nursing/docs/TNCpilot_ExecSum.doc

Office of Nursing Services Organizational Chart



OFFICE OF NURSING SERVICES, CENTRAL OFFICE (108)			Main Phone (202) 461-6700	Main Fax (202) 273-9119	
Name	Title	Focus Area	Liaison Assignments	Email	Phone
Rick	Chief Nursing Officer	Chief Nursing Officer	VHA & VA leadership in VACO & Field, Professional & Federal Nursing Organizations	Cathy.Rick@va.gov	202-461-6962
Drake	Deputy CNO	Deputy CNO	Point of contact for VHA Program Office Deputies, General Counsel, Systems Redesign	Audrey.Drake@va.gov	202-461-6960
Bernstein	Program Director	Prof. Development, Nurse Prof Standards (RN/LPN)	Geriatrics, Credentialing, Professional Standards Board	Alan.Bernstein2@va.gov	202-461-6958
Ott	Program Director	Academic/Legislative Initiatives, CNL	Rehab, SCI, Case Management, Academic Affiliations, Legislative Affairs, Social Work Services, EES	Karen.Ott@va.gov	202-461-6966
Weston	Program Director	Workforce Management	Med/Surg, Workforce Management & Consulting, Nat'l Ctr. Organization Development	Marla.Weston@va.gov	202-461-6788
Moorer	Program Director	Technology and Informatics/Health Systems	Pharmacy, Patient Education, Informatics, Diagnostic Service, Patient and Staff Safety, Logistics, Primary Care	Oyweda.Moorer@va.gov	202-461-6965
Harris	Program Director	Leadership Development	Mental Health, Nurse Executive Consultation Program	James.L.Harris@va.gov	202-461-6964
Alt-White	Program Director	Research, EBP and Advanced Practice Nurses	Research/Oversight, USUHS, Women's Health, Quality and Performance	Anna.Alt-White@va.gov	202-461-6963
Collins	Program Manager	VA Nursing Outcomes Database	Measurement Development, Data Consortium, Utilization Management	Bonny.Collins@va.gov	970-263-5022
Kasper	Faculty	USUHS Professor/Research	Molecular Medicine	Christine.Kasper@va.gov	202-422-2679
Couig	Intermittent Prog. Manager	Special Projects	Emergency Preparedness	MaryPat.Couig@va.gov	202-273-9237
Kellen	Clinical Data Specialist	Data Analysis, Clinical & Technology Issues, COLLAGE	Decision Support System, ONS website	Becky.Kellen@va.gov	202-461-6959
Levin	VANOD Implementation Coordinator	Logistics, Communication, Indicator Development, Indicator Implementation	VANOD Website, VANOD Workgroups (Administrative, Patient Falls, Mental Health)	Alicia.Levin@va.gov	415-221-4810 x4901
Haberfelde	VANOD Education Coordinator	Communication, Education, Indicator development	VANOD Newsletter, RN Satisfaction Survey, VANOD Workgroups (IHI, Pressure Ulcer)	Mimi.Haberfeld@va.gov	415-221-4810 x4679
Bedecarre	VANOD Informatics, VANOD Site Liaison	Nursing Data Systems, VANOD Reports, Indicator Development, Education	VANOD Workgroups (Spinal Cord Injury, Nurse Staff Injury), Data Standardization	Diane.Bedecarre@va.gov	415-221-4810 x3771
Knight	Clinical Executive	Policy, Strategic Planning	Emergency Departments, Nutrition, Labor Management, Ethics	Rosell.Knight@va.gov	202-461-6967
Walker	Management Analyst	Budget		Angela.Walker@va.gov	202-461-6961
John	Administrative Officer	Administration	Communication/Public Affairs, Voluntary Services	Reji.John2@va.gov	202-461-6964
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Mitchell	Program Assistant	Support Team		Reginald.Mitchell@va.gov	202-461-6791
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