Defining Excellence in the 21st Century for the Veterans Health Administration (VHA):
Utilizing the VA Nursing Network

The Honorable Dr. Robert A. Petzel, Under Secretary for Health, describes the core principles for providing exceptional health care that enhances Veteran's lives and well-being as:

- Patient-Centered

- Data Driven/Evidence-Based

- Continuous Improvement

- Team Care

These core principles will drive efforts on the transformational journey to "Honor America's Veterans by providing exceptional health care that improves their health and well-being" (VHA Mission Statement 2010). VA Nursing is a vital network of professionals contributing to VHA's vision for being a benchmark of excellence in patient-centered care. This stellar nursing network maintains strong collegial connections across local, regional and national levels to effectively perform highly recognized work.

The theme for this year's annual report - *The VA Nursing Network* - symbolizes the interconnectedness of the talented individuals who help achieve transformational efforts. The format for the report is influenced by the current generation of social media approaches in an effort to recognize the value-added impact of the social network that VA nurses embrace, as this network works through team collaboration toward a patient-centered care delivery model. Using Dr. Petzel's core principles as a framework, this report will highlight nursing accomplishments in 2010 and describe plans for what is to come in 2011.

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

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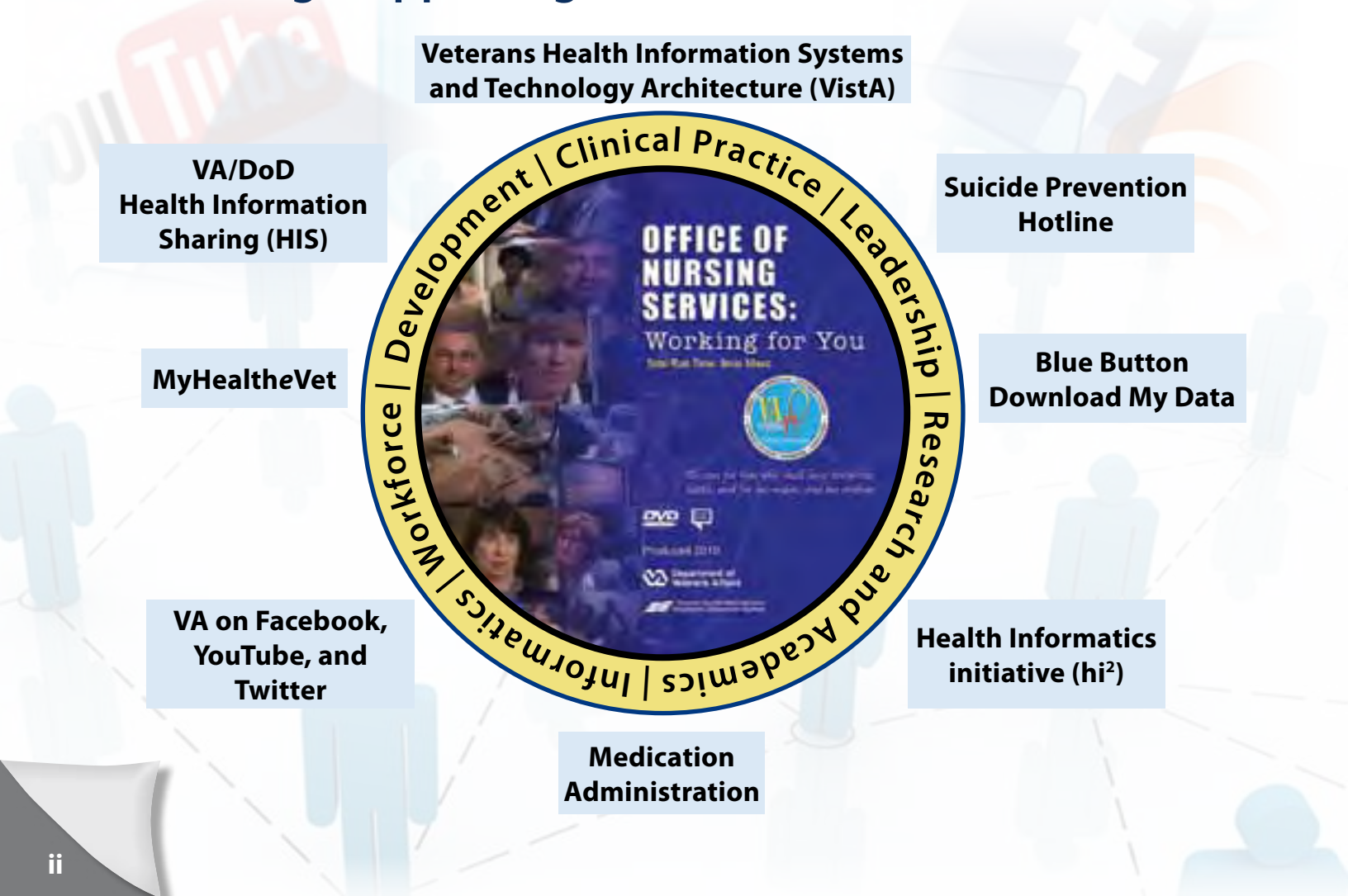
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OFFICE OF NURSING SERVICES: Working for You

Patient Aligned Care Team (PACT) Model

ONS Network: Nursing Practice Transformation (NPT)

The PACT Model is a patient-driven, team-based approach that delivers efficient, comprehensive and continuous care through active communication and coordination of health care services. Nurses are pivotal in the implementation of this new model of care. They serve as Nurse Practitioners (NP), RN, Care Managers, Licensed Practical/Vocational Nurses (LPN/LVN) and Nursing Assistants (NA) as Clinical Associates. Through this team of health care professionals, the patient is educated about health care options and guided towards being an active participant in health care decisions.

Accomplishments in FY2010:

▶ **PACT Work Group Report:** Over 30 nurses from accross VA developed several recommendations to inform PACT policy creation

▶ **Advisory Group Established:** Provides continued insight to ONS regarding the implementation process, nursing roles and processes involved in the PACT initiative

▶ **PACT Summit:** Over 3,700 attendees participated in the Patient Aligned Care Team Model Summit April 13-15, 2010, serving as an introduction to the concepts and roles consistent with PACT; nursing's efforts were integrated into the program through seminars such as *PACT 101, Roles and Functions, Care Coordination Roles of the RN Care Manager, Clinical Associate*, and *Clerical Associates*

▶ **RN Care Manager Education Series:** A series of monthly educational presentations developed to supplement RNs' knowledge of specific disease processes and related care, as well as other PACT-related content; occurs on the third Wednesday of the month at 12:00pm, 1:00pm, and 3:00pm Eastern time on the VA Nationwide Teleconferencing System (1-800-767-1750, code 40634#); future course modules available from these calls will be created within the Learning Management System (LMS) and offer Continuing Education Units (CEUs)

Milestones for FY2011:

▶ **Systems Redesign Collaboratives:** Implemented on June 1, 2010 in five regions to educate 250 primary care teams and implement PACT throughout primary care within a 2-year period; the Systems Redesign VHA Improvement Framework is used during six face-to-face learning sessions along with action periods for each regional Collaborative; learning session 1 was completed for all five Collaborative regions in 2010

- ▶ **Transformational Integrated Learning Centers (TILC):** Five regional Learning Centers will educate 750 primary care teams about PACT principles and practices annually in five different regions; each primary care teamlet that does not attend the PACT Collaborative will attend a three-day training session within a 2-year period; the first two pilot training sessions, held late 2010, presented curriculum that was later revised and used to train faculty by subject matter advisers

- ▶ **Consultation Teams:** Made up of three PACT subject matter experts, including an RN who represents nursing to guide primary care teams to successfully implement PACT; these teams, associated with the same five regions as the Collaboratives, work with participant teams and are available for site visits to ensure successful implementation and use of evidence–based practices in PACT after the Collaboratives have concluded

- ▶ **Collaboration with National Center for Prevention (NCP):** ONS will be collaborating with the NCP to develop Health Promotion Disease Prevention training for RN Care Managers

- ▶ **High Risk Patient Management Tool:** This tool will be used by the primary care teamlet and expanded team to identify high risk patients and streamline data collection to plan for scheduled patient visits; a review of currently available tools is taking place to determine what can be included in the newly developed VA tool

- ▶ **PACT Certification Workgroup:** Nursing expertise is being used to evaluate current options and make recommendations for PACT certification by teams or facilities; this workgroup is led by Primary Care

- ▶ **Primary Care Handbook Workgroup:** An interprofessional team is currently working to establish the Primary Care Handbook to include information from the PACT initiative such as specifics on PACT roles, priorities and procedures to facilitate implementation

- ▶ **PACT Architectural Committee:** New VA medical centers in the process of being built are being reviewed to ensure use of PACT design principles

Resources:

- ▶ **Monthly PACT RN Care Manager Series**

- ▶ **Toolkits:** Electronic Toolkits (targeted for 2011) will provide further information regarding PACT and its implementation including examples of functional statements, position descriptions, competencies, and protocols; it will be made available on the ONS web site.

VA Bed Management System (BMS)

ONS Network: Office of Nursing Services Informatics (ONSI)

BMS is an automation tool to drive and, at the same time, monitor data transfer processes in real-time for a particular patient, or activities at a facility or Veteran Integrated Service Network (VISN) level. BMS IT requirements originated from the Flow Improvement Inpatient Initiative (FIX) redesign efforts already taking place at local facilities. The VHA Systems Redesign office established a Patient Flow Center collaborative to support coordinated implementation with operations redesign to enable new inpatient flow management functions. For example, initiating admissions, coordinating transfers, cleaning and assigning beds are all processes that can be monitored using this technology, resulting in the following advantages:

- ▶ Efficient planing, preparation, and management of patient flow
- ▶ Reduction of "fee basis" days and costs
- ▶ Tracking of current and pending bed availability
- ▶ Identification and anticipation of peak demands
- ▶ Maximized use of hospital capacity
- ▶ Providing visibility of bed availability for emergency management
- ▶ Aligning ward names (with nursing locations) within BMS within the nursing package

Notable Milestones:
- ▶ **Phase I:** Demonstrated initial operating capability (FY2009-FY2010)
- ▶ All sites will have installed operating version 1 of BMS (by end of FY2010); an Integrated Project Team will be chartered for BMS Class I software development and deployment

Team Care

(Principles: Work performed in teams, team members as peers, teams empowered, teams working collaboratively)

Clinical Practice Program

ONS Network: NPT

Formed in 2008, the Clinical Practice Program (CPP) provides national guidance on clinical nursing practice to support field-based operations and organizational priorities. It is comprised of seven Field Advisory Committees (FACs) led by Clinical Nurse Advisors with a total of 104 members. Additionally, there are an Emergency Department and Nursing Pain Management workgroup that collaborate with the FACs.

Accomplishments in FY2010:

▶ **Publications:** 9 papers; 1 grant proposal; 2 abstracts; 10 presentations (visit the ONS Clinical Practice intranet page for the full list of publications)

▶ **CPP Quarterly Newsletter:** highlights and disseminates guidance, research, and evidence-based practices developed by the FACs.

Mental Health (MH)	• Developing a staff nurse guide on leading patient education groups, screening tool for prevention of homelessness, and a nursing toolkit for patients with diabetes • Providing feedback on mental health programs and environment of care during invited site visits
Geriatrics and Extended Care (GEC)	• Creating specific educational materials for GEC Associate Chief Nurses (ACNs) • Developing a Dental Hygiene Project toolkit, Community Living Center (CLC) Competency Program, and certification for Nursing Asssistants participating in VHA Innovative Point of Care Alternatives to Institutional Care
Oncology	• Validating nursing competencies and documentation • Engaging in an Electronic Chemotherapy Initiative in collaboration with Patient Care Services, and Innovations Project with Vanderbilt University • Collaborating with MyHealth*e*Vet office to distribute professional patient education materials • Pilot testing of nursing sensitive quality indicators for breast cancer and lung cancer in collaboration with the Oncology Nursing Society • Developing best practices for pain, neutropenia special interest group, and cancer survivorship
Cardiovascular	• Participated as group members on two Inpatient Evaluation Center (IPEC) Clinical Advisory Groups: delirium and ventilator patients outside of the Intensive Care Unit (ICU), as well as the stroke group • Developed cardiovascular competencies for nurses • Collaborated to create metrics for heart failure management • Developing biomedical implant registry • Developing the Veteran Implant Tracking and Alert System (VITAS) to embed an alert into the Veteran's Electronic Health Record (EHR)
Metabolic Syndrome	• Assisted with development of VA/Department of Defense (DoD) diabetes guidelines • Collaborating with Mental Health FAC on development of diabetes toolkit for patients • Developing grids for RNs in primary care on seven health behaviors • Developing protocols for Primary Care Team RN Care Managers

Perioperative	• Developing operating room nursing competencies, VistA Surgical Package/checklist, and Dental Hygiene Project toolkit • Standardizing operating procedures for Reusable Medical Equipment (RME)
Polytrauma/Rehabilitation	• Developed Pressure Ulcer Handbook

Pain Management Workgroup	• Provided guidance and recommendations in the development of the new Patient Assessment template related to pain assessment and reassessment; pain education in various VISN and national forums; and input and review of national documents related to pain management through participation and partnership with the National Pain Coordinating Committee; examples include:
	
	    1. Management of Opioid Therapy for Chronic Pain Clinical Practice Guideline
	    2. National Opioid Pain Care Agreement (OPCA)
	    3. Revision of the National Consensus Statement for Assessing Patients with Impaired Communication
	
	• Established a nurse liaison with each CPP FAC to ensure pain management is addressed in major clinical conditions
	• Contributing recommendations in support of the enhancement of Bar Code Medication Administration (BCMA) functionality to improve and support documentation and evidence-based practice recommendations for documentation of pain assessment, reassessment and education, advocating and supporting national and VISN-level implementation of the Pain Resource Nurse/Pain Resource Professional as an educational strategy to improve pain management for Veterans

Emergency Department (ED) Workgroup	• Developing evidence-based standardization of documentation, ED educational offerings, and competencies • Developing work group and guidelines for future ED site visits to ensure compliance with VA standards of care

Milestones for 2011:

▶ Continue collaborations with Specialty Care FACs in Patient Care Services to transform specialty care practice

▶ Establish Acute Care/Intensive Care Unit workgroup

▶ Complete evidence-based practice presentations on PACT RN Care Manager Education Series conference calls

Safe Patient Handling and Movement Program

ONS Network: Career Development and Workforce Management (CDWM)

The Safe Patient Handling and Movement Program (SPH) is a collaborative effort between VHA (specifically ONS) and the Office of Management and Budget (OMB). ONS supports the development of facility SPH programs and implementation by offering consultation to nursing services engaged in standing up these programs locally. SPH is supported through funding from OMB for FY2008 through FY2011 with approximately $180 million dedicated to this initiative. Support for this national program is comprehensive and ongoing with:

▶ Nursing involvement and collaboration with the Office of Public Health and Environmental Hazards (OPH&EH) to review field implementation through a nurse liaison who:

■ Provides quarterly updates to the National Nurse Executive Council (NNEC) and the nursing community via various communication mechanisms (monthly National Nursing Service conference calls, etc.) and performs random and periodic medical center reviews for SPH implementation

■ Collaborates with OPH&EH to offer education to facility programs to promote the development of best practices; he/she is also an active team member with OPH&EH

▶ ONS supports and encourages participation and attendance at the annual VHA SPH Conference and national monthly SPH conference calls

Accomplishments for 2010:

▶ $58 million for facility equipment purchases and construction costs related to SPH equipment installation

▶ Program Continuation and Expansion through:

- Peer Leader Program
- Patient care processes
- Equipment purchases, installation and training
- Communication plan
- VA Central Office (VACO) program support for facility coordinators and unit peer leaders

Annual Registered Nurse (RN) Satisfaction Survey
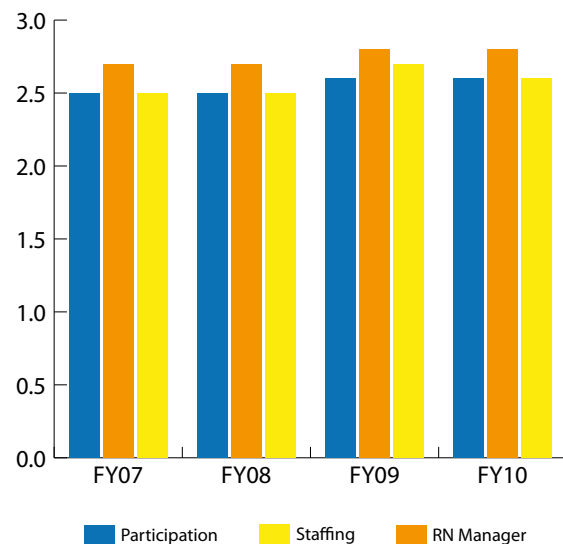
ONS Network: ONSI

FY2010 marks the fourth year of the VA RN Satisfaction Survey. The purpose of this annual survey is to: 1) measure the satisfaction of VA RNs by obtaining annual feedback; 2) identify opportunities for improvement in order to improve nurse retention and recruitment; and 3) support the American Nurses Credentialing Center (ANCC) Magnet Recognition Program® Journey for VA. The survey used is a modified version of Eileen Lake's Practice Environment Scale of the Nursing Work Index (PES/NWI). In total, 45 questions are included within the survey, with the first 8 questions providing demographic/background information, and 31 PES/NWI and 6 VA questions comprising the actual survey itself. Survey results are reported by the following categories:

▶ Nurse Participation in Hospital Affairs (9 questions)

▶ Nursing Foundations for Quality of Care (10 questions)

▶ Nurse Manager Ability, Leadership, and Support of Nurses (5 questions)

▶ Staffing and Resource Adequacy (4 questions)

▶ Collegial Nurse-Physician (RN/MD) Relations (3 questions)

▶ Information Technology (IT) that Supports Nursing Care (5 questions)

▶ Job Satisfaction (1 question from the VA All Employee Survey - AES)

RN Satisfaction Overall Trend (%)
VHA All RNs and Work Locations
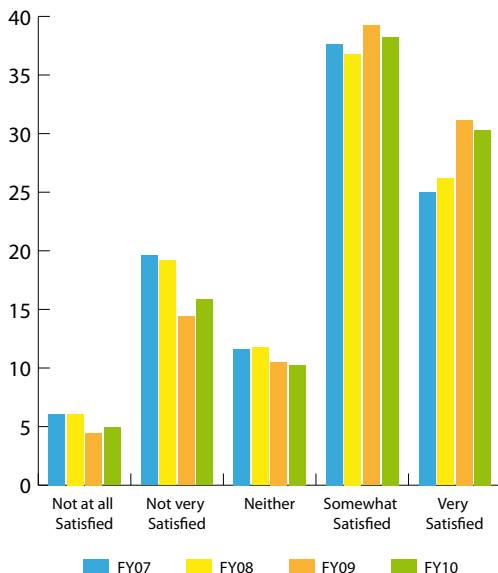
RN Satisfaction Scale Score Trend FY07-FY10
VHA Average Score (FY by Key Scales)

Source: Accessed from the VA Nursing Outcomes Database (VANOD) on 11/8/10.

Evidence-Based Practice (EBP)

ONS Network: Research and Academics

The ONS Evidence Based Practice Goal Group creates infrastructure and processes for VA nurses to consistently apply the best evidence to improve health care delivery and outcomes throughout VA.

Accomplishments for 2010:
- ▶ Established two types of EBP Consultation:

    a) Nurse Executive Consultation - Provide consultation focusing on EBP issues/concerns identified by VISN Nurse Executives

    b) Facility Consultation - Provide consultation to individual facilities on EBP program development and EBP process

- ▶ 2010 EBP Workshop for 25 Clinical Nurse Leader/Nurse Manager pairs participated from 18 facilities focusing on two topics: fall prevention and pain management. Participation in the workshop included: pre-conference teleconferences; EBP Workshop; follow-up monthly teleconferences and periodic reports; and dissemination of practice change results

Milestones for 2011:
- ▶ Updating EBP Toolkit for cosmetic changes to enhance user friendliness and create an internet version to allow access to professional nurses outside of VA

- ▶ Creation of an EBP Business Case template that each facility may personalize to justify nursing EBP programs by highlighting nurses' contributions to quality care and outcomes, and providing cost saving measures through implementing evidence-based interventions

National Patient Assessment Nursing Documentation Package

ONS Network: ONSI

This documentation package is a set of clinical documentation tools that share data with each other and serves as a "memory jogger" for what a nurse should assess and document about a patient. The templates include an Admission Assessment, Shift Reassessment, Shift Reassessment Update, Interdisciplinary Plan of Care, and End of Shift Report. These standardized templates provide the nurse with tools that enable him or her to locate needed information related to the patient in the same place in every facility, for example, a psychosocial assessment or a

functional assessment. From a systems perspective, using the same templates in every facility can provide a cost savings when updating documentation tools. The templates also allow for more efficient sharing and transfer of patient information, as a nurse can update data taken from another facility such as allergies, emergency contact, and so forth, automatically updating the source file as changes are made. Other features of the templates include an automatic saving of data every several minutes, as well as any time the nurse desires – thus, no data are lost even if the nurse is pulled away from documenting in an emergency.

Previously entered information from the last assessment is moved forward into the next reassessment for viewing only so that the nurse knows the previous status of the patient. Additionally, a free standing Interdisciplinary Plan of Care is built and updated during the assessment and reassessment of the patient.

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.

Clinical Care Delivery Support System (CCDSS) Flow Sheets

ONS Network: ONSI

CCDSS provides interactive clinical flow sheets to support patient care in critical care and other clinical areas merging 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 provide an ideal environment for the documentation of any 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 standard and ad hoc reporting.

VA and Kaiser Permanente Nursing Collaborative

ONS Network: ONSI

Two thirds of our Veteran population receives some portion of their care outside of the VA system. Patients would benefit from better sharing of clinical knowledge as they transition across care settings and organizations. Clinicians would also benefit by timely, accurate information exchange, which has the potential to improve workflow and enable decision support. Nursing leaders from VA and Kaiser Permanente (KP) have partnered to collaborate on developing a practice-based information model to share patient information related to Pressure Ulcer Risk Assessment and Prevention between the two organizations. The focus on Pressure Ulcers was seen to be a significant and costly health care concern, and that is critical to nursing care. While Kaiser and VA have a long history of collaboration, this is the first nursing-specific project. The goals of the collaborative are to:

▶ Demonstrate that nursing quality measurement can and should be a by-product of documentation within our respective health information systems

▶ Demonstrate that the exchange of patient data used by nurses between unlike EHRs can be used to improve care coordination, data aggregation, research, and analysis of quality measures and outcomes

▶ Create an information model based on practice that is reproducible and can be widely validated across many unlike organizations and EHR systems, leading to the extension of the current health data exchange standard to include nursing data

▶ Create methods for informing and transforming the quality of care at the point of care

Continuous Improvement

New Executive Training (NExT) Program

ONS Network: Nursing Leadership Excellence (NLE)

The VHA New Executive Training (NExT) Program is a one year, first time executive orientation program. New health care executives are introduced to an improved on-boarding process by receiving guidance from an assigned certified VHA mentor, participating in a multidisciplinary coaching team, attending the NExT orientation among peers and joining a new discipline specific Community of Practice (CoP) group. Four health care executive groups are represented within this program: Associate Directors of Patient Care Services/Nurse Executives, Chiefs of Staff, Assistant/Associate Directors and Deputy Network Directors.

The NExT Program is governed by the NExT Steering Council of the VHA Succession and Workforce Development Management Subcommittee.

National Conference for Nurse Managers

ONS Network: NLE and CDWM

During the summer, two regional conferences for Nurse Managers occurred to support continued development. Specifically, the purpose was to emphasize the importance of the Nurse Manager at the microsystems level. Nurse Managers must possess the ability to forecast the future to design a course to obtain desired outcomes. Nurse Managers were introduced to the patient-centered care model and safety at the micro, meso and macro-system level. The following were some of the objectives and courses from the 2010 set of conferences:

Objectives:

1.   Function as a change agent/organizational steward at the microsystem level

2.   Enhance productivity and professional development opportunities of assigned staff

3.   Communicate with multiple disciplines at the micro, meso and macro level

4.   Evaluate/assess the needs and direction of assigned unit/responsibility

5. Apply evidence-based systems thinking and practices

6. Distinguish their role as a leader at the microsystem level while functioning in a mesosystem and macrosystem.

Courses:

▶ Introduction to Leading and Improvement at the Microsystem Level

▶ Hardwiring the System to Achieve Excellent Outcomes

▶ Competencies/Scopes of Practice

▶ Leadership: Cultural/Generational Differences

▶ Negotiating with Labor Partners

▶ Growing Your Career

Guides for Nursing Leaders

ONS Network: NLE

Core Curriculum for Associate Directors, Patient Care Services/Nurse Executives (ADPCS/NE):

Over the last year, facility nursing leaders contributed their time to developing the new Core Curriculum for the ADPCS. The Core Curriculum for the ADPCS is designed to be used as a tool by nurses currently in the role or aspiring to the ADPCS/NE role. The ADPCS Core Curriculum uses competencies developed by the Health care Leadership Alliance (HLA) in 2004 and published by the American Association of Nurse Executives (AONE) in 2005, and links learning activities with suggested resources. Additionally, the competencies are linked with the ONS strategic plan, the High Performance Development Model (HPDM) core competencies, the nursing dimensions of care and the Executive Career Field (ECF) core competencies.

The core curriculum should be used as a "pick list"; learners should identify learning strategies based on assessed learning needs. Utilizing feedback from colleagues, peers, mentors and coaches, and based on learning goals, this tool can be used to assist in the development of a "Personal Development Plan."

Nurse Managers' "Passport to Success": An Orientation Guide

Developed by facility nursing leaders, this tool provides a structured approach for orienting the newly assigned Nurse Manager by identifying required competencies and skill sets to assume the Nurse Manager role. It is structured for utilization across all VA medical facilities where Nurse Managers are charged with the responsibility of leading and managing nurses in the provision of clinical care. This program is directly based on findings from focus group data collected through in-depth interviews with newly assigned VA Nurse Managers from across the VA system.

Nursing Research Advisory Group (NRAG)

ONS Network: Research and Academics

The VA Nursing Research agenda is congruent with the mission, vision and goals of VHA and its identified priorities of care. Within an interprofessional context, VA Nursing Research focuses on identifying, testing and/or implementing nursing interventions that enhance health and prevent disease in Veterans across the care continuum. These nursing interventions are patient-centered, culturally congruent, cost-effective and outcome-driven. The following are some areas of work accomplished by NRAG in 2010:

Accomplishments in 2010:

▶ Grant-Writing Workshop for emerging VA Nurse Scientists began in August 2009 that resulted in a total of $2,045,000 of funded nursing research and was repeated in April 2010

▶ The "VA Nurse Investigator Directory" was developed and launched with links to bio-sketches that outline VA nurse investigator's areas of research expertise: **http://www.va.gov/nursing/nrinvestigators.asp**

▶ Nursing Research Training opportunities at VA communication materials are now available at: **http://www.va.gov/nursing/rsrch_trng_opprtn.asp**

Milestones for 2011:

▶ Increasing visibility of VA nurse researchers, as evidenced by *The Journal of Cardiovascular Nursing*, feature of VA nursing research (upcoming 2011 issue)

▶ Ongoing collaborative evaluation of psychometric properties of VANOD

▶ Compiling information for Nurse Executives on release time and salary support for nurses conducting research

Resources:

▶ Bi-Monthly VA Nurse Research conference calls and presentations – information available at: **http://www.va.gov/nursing/nursingresearch.asp#calls**

Advanced Practice Nursing Advisory Group (APNAG)

ONS Network: NPT

APNAG seeks to enhance excellence in advanced practice nursing through: leadership, collaboration, communication and the use of the best available evidence. APNAG exists to establish, implement, and evaluate the strategic plan for advanced practice nursing within VHA. APNAG also serves in an advisory capacity to ONS and the National Nurse Executive Council (NNEC) to trend issues and activities related to advanced practice nursing both within and outside of VHA.

The goals of APNAG are to:

▶ Identify and address issues/concerns that impact advanced practice nursing

▶ Make recommendations to ONS and NNEC regarding APN issues/policy

▶ Serve as APN representatives on selected standing committees, teams, and task forces

- ▶ Maintain a Web-enabled APN communication vehicle, the APN Directory, and APN archive documents
- ▶ Disseminate APNAG activities and accomplishments
- ▶ Publish a VA APN newsletter

The tables below depict the VISN APNAG representative by VISN number, and APN Liaisons and alternates by VISN number, respectively.

VISN	APNAG Representative
1-2	Kathleen A. Vertino
3-4	Nora Krick
5-6	Joan Galbraith
7-8	Donna Becker
9-10	Rebecca Waldon
11-12	Jenny O`Donohue
15-23	Sheila Dunn
16-17	Mary Aigner
18-19	Eve Broughton
20	Julie Marcum
21-22	Mary Thomas

VISN	APN Liaison	APN Liaison Alternate	VISN	APN Liaison	APN Liaison Alternate
1	vacant	vacant	12	Karen Clark	vacant
2	Patty Kick	Susan Segreti	15	Janice Stevens	Denise Salisbury
3	Aaron Schneider	Rochelle Rubin	16	Marsha Bunney	Michael Mistric
4	Jan Jones	Kathy Chicano	17	Janeth Del Toro	vacant
5	Lucia Minville	Bonnie Wisdom	18	Denise Rhodes	Laurie McCoy
6	Sherry Hall	Sherry Goar	19	Alana Jacobs	Tammie Espenlaub
7	Marie Mompoint	Enrika Washington	20	Christie Locke	Betty Ang
8	Kim Vander-Heuvel	Jaroslaw "Jerry" Gradek	21	Lynn O`Brien	Benita Morris
9	Penny Thayer	Annmarie Witmar	22	Elissa Brown	Kathleen Ellstrom
10	Nancy Fisher	Sue Keyse	23	Sally Watson	Peter Mitchell
11	Aleksandra Radovanovich	Kelly Korono			

Clinical Terminology Standardization Project

ONS Network: ONSI

The standardization of clinical terms across disciplines, geographic locations and applications enables improvements in information flow and workflow. An interprofessional, interagency workgroup was chartered to standardize terms used in clinical documentation systems across the VA system. Participants included clinicians, terminologists, data modelers and informatics personnel from VA, Indian Health Services (IHS) and Department of Defense (DoD). Initial efforts focused on terms used in the Patient Assessment Package and CliO Flowsheets, but in 2010 this work expanded to include the terms used in the Clinical Information Systems and Anesthesia Record Keeper (CIS/ARK) systems used in critical care, post-anesthesia care units and anesthesia. Over 4,500 terms have been released with another 16,000 in the queue.

The goals of this project are:

- ▶ Standardize terminologies used for documentation of patient care
- ▶ Enable improved data extraction capabilities directly from the electronic record
- ▶ Create an infrastructure that supports interoperability between applications within and outside of VA

VA Nursing Outcomes Database (VANOD)
Nursing Unit Mapping Application (NUMA)

ONS Network: ONSI

NUMA is a Web-based application that was developed to provide nurse location (unit) level data for VANOD clinical indicators and the Annual VANOD RN Satisfaction survey. A top priority of this work is to provide recognizable inpatient nurse location (unit) names and nurse unit-level data in VANOD data products. This application provides the ability to create a crosswalk between VistA nurse locations and existing Medical Administration Service (MAS) wards with the Decision Support System (DSS) Account Level Budgeter Cost Center (ALBCC). The information from the crosswalk will be used by Veterans Support Service Center (VSSC) partners to create reports that include nurse location (unit) level data. An Admission/Discharge/Transfer (ADT) report has been developed using the NUMA tool and additional nursing unit level reports will be developed using the NUMA tool in FY2011.

Paid Enhancements to VANOD and
VA Time and Attendance System (VATAS)

ONS Network: ONSI

The PAID enhancement for VANOD (PEV) is an improvement to the VA time and attendance system that will allow facilities to track overtime, direct care hours and provide a more accurate calculation of nursing hours per patient day (NHPPD). The overtime tracking will include information related to the type of overtime (mandatory or voluntary) reasons for overtime (weather, workload, sitter, etc.) and where the overtime was worked. Reports will be available to facilities as "real time" and trended data. In addition to providing more accurate data related to fiscal management, the data available from PEV are necessary for compliance to Public Law 107-135, Section 126. The PEV project has been grouped with several other projects (known as the VistA Financials Package). It is expected that the PEV project of this package will be ready for initial testing in 2011. The VATAS project is currently underway and will replace the current time and attendance system in VA.

Flow Improvement Technical Advisory Group

ONS Network: ONSI

The goal of the Flow Improvement Technical Advisory Group (TAG) is to facilitate system-wide improvement in VHA by supporting rapid deployment of IT products that help manage patient flow in VHA. Enhanced management of patient flow increases VHA capacity for providing health services to Veterans and improves overall operational efficiency and effectiveness. IT is a key component of effective flow improvement solutions. The product concept involves deployment of a Comprehensive Flow Management (CFM) system that will support the flow of data across the continuum of care in a suite of three Flow Improvement IT products:

1) Emergency Department Integration Software (EDIS)
2) Bed Management Solution (BMS)
3) Surgery Quality Workflow Management (SWM)

Business Case for a Human Capital Resource Management System (RMS)

ONS Network: ONSI

The RMS initiative seeks to obtain approval and funding for a standardized enterprise-wide RMS solution that is capable of supporting the entire VHA workforce. Existing tools do not speak to each other and often require duplicate data entry and significant time to pull needed data from them. Current processes for workforce management vary from manual paper and pencil processes to facility purchased or created products. In 2010, VA Enterprise System Management (ESM) hired consultants to conduct a Business Case analysis (BCA) for an RMS. As part of the BCA, a survey was conducted that included responses from Nurse Executives, nursing supervisors, Nurse Managers and Coordinators. Key highlights from the BCA inventory include:

▶ 10.39 hours are spent on nurse resource management/scheduling activities on an average weekly basis. This represents 24 – 40 percent of a standard work week solely on nurse resource management/scheduling

▶ $81,972,548.24 (24.5 percent of overall salary for these nursing roles) was the financial cost associated with the time spent on these activities in FY2009

▶ Over 87 percent of inventory respondents agreed or strongly agreed that the implementation of an RMS would increase their overall job satisfaction.

Alternative Work Schedules for RNs

ONS Network: CDWM

In 2004, legislation was passed authorizing VA to use Alternate Work Schedules (AWS) for RN staff in health care facilities or specific units within facilities that demonstrate high turnover or difficulty in recruiting or retaining staff. AWS provides management authority to offer competitive schedules for employees. One option for using AWS is the 72/80 schedule, which means the employee works six 12-hour shifts (72 hours) within a two-week pay period (80 hours) and receives full-time pay and full-time benefits.

A second option for using AWS is the 9-month alternative, which allows employees to work full-time for 9 months and have their pay spread out over 12 months. This pay schedule provides pay and benefits on a part-time basis (based on 9 months of work) and implements recent adjustments to the law (P.L.111-1963), which will enable greater use of the policy and facilitate information technology changes needed to support documentation of time and leave and distribution of payroll.

Healthy Work Environment (HWE)

ONS Network: CDWM

Nursing has diligently worked to assess and analyze the specific issues of a HWE as it applies to a clinical setting. Consultation has taken place with Organization Health (under the National Center for Organizational Development - NCOD). A crosswalk of definitions and organizational constructs from VHA programs, nursing literature and other national groups (Magnet, Joint Commission, American Organization

of Nurse Executives, etc.) has been assembled to create a conceptual map. A sub-committee has been formed to examine the available data, distinguish the critical elements within the HWE conceptual model, and provide avenues to achieve measurable improvements. This sub-committee will consider all aspects of a healthy workplace such as safety, respect, work-life balance and stressors.

Recruitment and Retention

ONS Network: CDWM

VHA strives to be an employer of choice in an environment in which we compete with community health care providers who can implement a hiring decision in a short and reasonable timeframe. ONS is committed to streamlining the regulatory requirements for on boarding essential nursing personnel in an effort to attract the most qualified candidates. As a result, ONS collaborated with the offices of Quality and Performance (OQP) and Workforce Management and Consulting (WMC) on a Process Action Team charged "to make recommendations to streamline the recruitment and credentialing processes for title 5, Hybrid title 38 and title 38 positions within VHA and to analyze the recruitment and credentialing process..." VHA has set a goal to achieve completion of on-boarding new employees from time of offer to entry on duty within 30 days. Many facilities have been involved in a pilot to achieve this goal. The hiring process can be viewed in three distinct stages:

- ▶ Recruitment Phase
- ▶ Selection Phase
- ▶ Boarding/Credentialing Phase

Let's Get Certified! Campaign – Phase III

ONS Network: CDWM

The *Let's Get Certified*! Campaign began in 2008 as a 5-year pilot with the goal of increasing the numbers of nurses with specialty certification within VHA. This widely supported national initiative was expanded during Phase II to include the nursing workforce of DoD and is now in its third year of implementation. VHA is the first health care organization to initiate a certification campaign that partnered with professional associations to increase the number of nurses with specialty certification. This year, new certifications that have been added to the growing cohort offered incentives include:

- ▶ National Association for Health Care Quality
- ▶ American Academy of Wound Management
- ▶ Infusion Nursing Society
- ▶ Neuroscience Nursing

During Phase II, ONS supported the initiative by providing monetary incentives for the *Certification Development* and *Certification Achievement* awards. The program has resulted in a growing certified nursing workforce, improved nurse satisfaction, opportunities for professional growth and development and nurse retention. These incentives will continue for Phase III of the program.

ANCC Magnet Recognition Program® at VHA Facilities

ONS Network: CDWM

The magnet program, based on quality indicators and standards of nursing practice, has resulted in a steady progressive growth of VA hospitals being added to the exclusive list of organizations that recognize quality patient care, nursing excellence and innovations in professional nursing practice. In addition to the already 5 designated Magnet facilities, 4 more have submitted applications, 20 are in the pre-application phase and 76 sites have incorporated the principles in nursing activities and structure. VA's commitment to quality care and the development of a culture of excellence throughout the system is evidenced by:

> ▶ New programmatic support for Nurse Executives and Magnet Coordinators
> ▶ Standardization of data systems to help capture nursing sensitive workload, satisfaction indicators, and patient outcomes
> ▶ VA's Annual Magnet Conference providing a forum to share innovations and exemplars
> ▶ Phase III of the "*Let's Get Certified*!*"* campaign promotes certification which is a marker of excellence and benchmark for Magnet designation

VA Travel Nurse Corps (TNC)

ONS Network: CDWM

The VA TNC is a successful pilot program providing supplemental nurse staffing to over 40 VA Medical Centers (VAMCs) and Community Based Outpatient Clinics (CBOCs) in 19 Networks from Fairbanks, AK to Tampa, FL. The TNC was launched in 2007 as a pilot to determine if an internal VA TNC would meet the supplemental nurse staffing needs during a tight nurse recruitment market. These nurses respond to the call for supplemental nurse staffing in urban and underserved areas. Since the recruitment and deployment of the first TNC RNs in December of 2007, 65 TNC RNs have been recruited and appointed. Twenty percent of these nurses who hold title 38 intermittent appointments have converted to permanent positions within VAMCs. Consistent feedback from stakeholders regarding this program indicates that the TNC has met its program goals through:

1) Reducing the use of outside supplemental nurse staffing at the lowest possible cost to VA

2) Maintaining high standards of patient care quality and safety

3) Improving recruitment of new nurses into the VA system

4) Improving retention of VA nurses within VHA by decreasing turnover of newly recruited nurses and providing alternatives for experienced nurses considering leaving the VA system

5) Establishing a potential pool for national emergency preparedness efforts

6) Providing care to Veterans in underserved areas

7) Serving as a model for an expanded multidisciplinary VA travel corps

The TNC is advantageous for facilities. The recruitment, VetPro appointment process and new employee orientation for TNC RNs are complete when a nurse arrives at a facility. TNC RNs assimilate quickly as members of the team with operational knowledge of the VA mission, vision, and values and knowledge in CPRS and BCMA.

Resources:

> ▶ TNC Web site: **www.travelnurse.va.gov**.

Nursing Demographics and Data

Quick Facts Table FY2010*	
Professional Nursing Personnel Total	83,699
# of Direct Care Nursing Staff (RN, LPN/LVN, UAP)	63,848
# of Direct Care RNs	37,939
% of Direct Care Staff who are RNs	59%
% of Direct Care RNs with at least Bachelors Degree	58%
% of Direct Care RNs Eligible to Retire (including early)	24%
% of Direct Care RNs with less than 5 years service	41%
# of Certified Registered Nurse Anesthetists (CRNAs)**	666

*SOURCE: 08/2010, current through July FY10, VA Nursing Outcomes Database, Demographics and Financial Cube
**Fiscal PAID cube, by Budget Object code, current through July 2010

Highest Level of Education of RNs – FY2010*

0%
0%
3%
5%
10%
30%
45%
7%

- Doctorate - Nursing
- Doctorate - Non Nursing
- Masters - Nursing
- Masters - Non Nursing
- Bachelors - Nursing
- Bachelors - Non Nursing
- Associate Degree
- Nursing Diploma
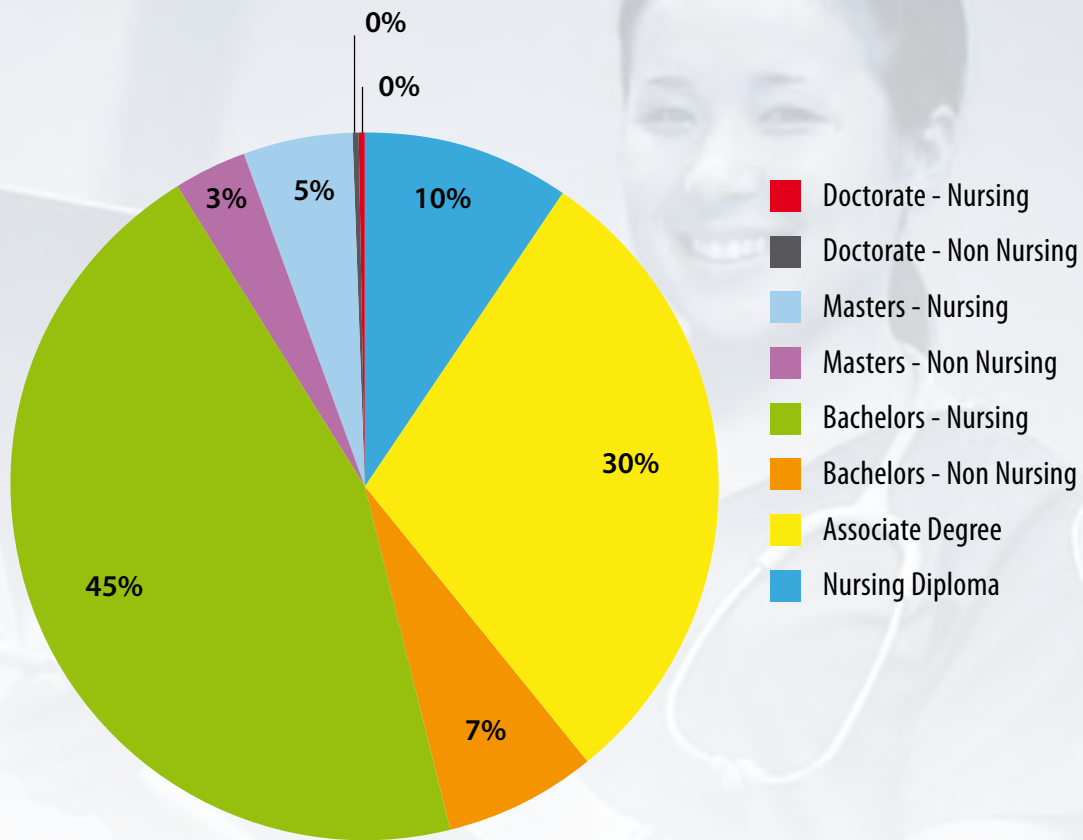
*SOURCE: VA Nursing Outcomes Database Demographics and Financial Cube pp19 FY10; BOC 1061

RN Total Loss and Quit Rate Trend – FY2010*

Facility Total Loss Rate — Facility Quit Rate
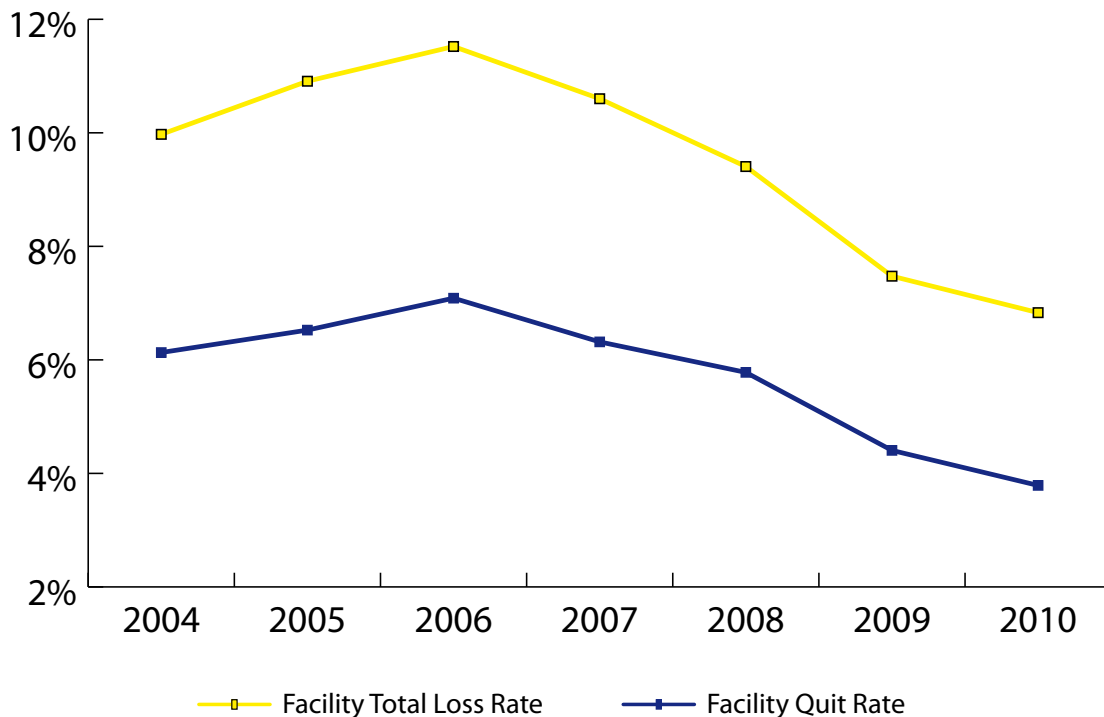
*SOURCE: 8/20/10, VA Nursing Outcomes Database (2004-2010), Nursing Staff Turnover Cube

FY2010 Nursing Skill Mix

Registered Nurse (RN)	48,919
Nurse Practitioner (ARNP)	4,316
Licensed Practical/Vocational Nurse (LPN/LVN)	13,187
Nursing Aide and Nursing Assistant (NA)	11,000
Clinical Nurse Specialist (CNS)	532
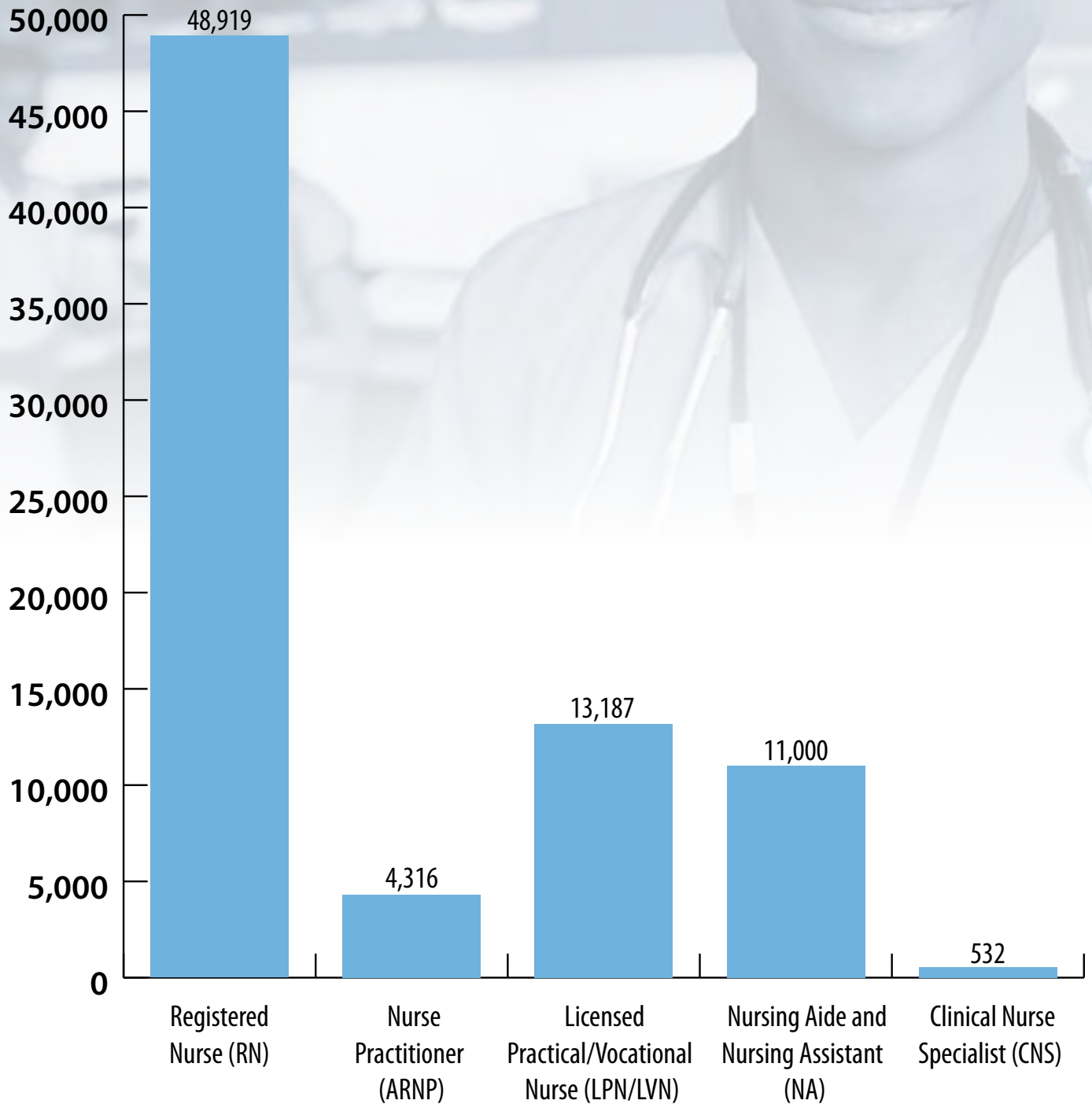
*SOURCE: VA Nursing Outcomes Database, Demographics and Financial Cube by Budget Object code, PP 19 end of FY10

**Visit the Nursing Outcomes (VANOD) Clinical Care Resources page on the
VHA Support Service Center (VSSC) Web site: http://vssc.med.va.gov/products.asp?PgmArea=17**

VA Nurse Executives and Associate Directors, Patient Care/Nursing Services

Louise Anderson, RN BSN MSN VISN 18 - Amarillo, TX **Mentor:** Greg Eagerton, DNP RN NEA-BC	Timothy McMurry, EdD(c) RN MSN BC VISN 18 – El Paso VA HCS (El Paso, TX) **Mentor:** Ruth Yerardi, PhD RN
Nelson Dean, RN MSN MA VISN 15 - Topeka, KS **Mentor:** Linda McConnell	Susan Mangery, RN M.Ed NE-BC VISN 21 - Pacific Islands HCS (Honolulu, HI) **Mentor:** Anna Jones, RN MSN
Laureen Doloresco, MS RN NEA-BC VISN 8 - Tampa, FL **Mentor:** Julie Brandt, RN MSN NE-BC	Patricia Mathis, RN MSN VISN 7 - Tuscaloosa, AL **Mentor:** Beverley Rashad, RN MSN
Laura Fisher Miraldi VISN 1 - White River Junction, VT **Mentor:** Sandy Leake, RN MSN	Sharon M. Millican, RN MPH VISN 18 - South TX VA HCS (San Antonio, TX) **Mentor:** Kathryn (Ginger) Ward-Presson, RN BSN MS
Margaret (Peggy) Givens, RN MSN VISN 16 - Gulf Coast HCS (Biloxi, MS) **Mentor:** Catherine Locher, RN MSN	Shedale Tindall, RN MSN VISN 6 - Hampton, VA **Mentor:** Janet Yaeger, RN MSN
Richard Holt, RN MSN VISN 15 - St. Louis, MO **Mentor:** Ira Richmond, RN MSN	John Tryboski, RN MSN VISN 22 - Long Beach, CA **Mentor:** Gail Collier, RN MSN CNA
Kathleen Leesk Capitulo, DNSc RN FAAN VISN 3 – Bronx, NY **Mentor:** Dawn Oxley, RN BSN MSHCA	**No Picture Available** Margaret G. Wilson, RN, MSN VISN 4 - Lebanon, PA **Mentor:**
Marcia Lysaght, RN MSN VISN 8 - Miami, FL **Mentor:** Brinda Williams-Morgan, RN MN APRN CNS CCRN	

National Nursing Awards and Special Recognition

2010 Secretary's Award Winners

Excellence in Nursing Category Winners:

- Registered Nurse: Lisa Alexander, RN MSN - South Texas VA Health Care System
- Registered Nurse (Expanded Role): Sofia Puerto, RN PhD - VA Loma Linda Health Care System
- Licensed Practical Nurse: Josephine Vranick, LPN - Northport VA Medical Center
- Nursing Assistant: Rebecca Knutson, NA - Tomah VA Medical Center

Advancement of Nursing Programs Category Winners:

- Director: Terry Gerigk Wolf, FACHE - VA Pittsburgh Health Care System
- Nurse Executive: Julie Brandt, MSN RN NE-BC - Central Arkansas Veterans Health Care System

2010 ONS Innovation Award Winners

Each year, the ONS Innovation Awards Program, a national award mechanism created and launched in 2003 to recognize nursing leadership in quality improvement, selects ten programs and/or initiatives, and each team receives a $10,000 group incentive award to be split equally among all team members. The VA Nursing staff is known to be dynamic change agents, influencing practice and system-wide initiatives. This year, the review committee felt it was necessary to recognize five additional entries in an effort to continue to promote the important initiative highlighted by the 2010 theme Strategies for Implementing the Clinical Nurse Leader Role.

Future Innovation Award Themes:

2011 – Achieving Patient Driven Care Through Highly Functioning Teams

Deadline for submissions: May 27, 2011. All award submissions should be directed to: **vhana@va.gov** (VHA Nursing Awards in Outlook)

Prior year winners and announcement materials available at: http://www.va.gov/NURSING/nationalawards.asp

Strategies for Implementing and Sustaining the Clinical Nurse Leader (CNL) Role

CNL Huddles for Improving Communication and Sustaining the CNL Role at VA TVHCS
Facility: VA Tennessee Valley Health Care System
Primary Author: Melinda Davis, RN MSN CCRN CNL

Team Members
Sandra Walters, RN DNP | Jacquetta Edwards-Malone, RN BSN BS CCRN FCCS | Sandra Fox, RN MSN CNL | J. Rae Jacobson, RN MSN OCN CNL
Francine Jamison, RN MSN | Lynett King, RN MSN CNL | William Nylander, MD MBA | Norma Patterson, RN MSN

Journey to Excellence: Implementation of the CNL Role
Facility: VA Maryland Health Care System
Primary Author: Robyn Mitchell, MSN RN-BC

Team Members
Ellen Asbury, RN MS CNL | Mary T. Dellario, RN MSN CNL | Linda V. Jefferson, PhD RN NEA-BC | Phillip Mackoiak, MD
Judith Sanford, RN MSN

Piloting to Improve Patient Quality Care Process as a CNL Tactic
Facility: VA Pittsburgh Health Care System
Primary Author: Karen Harrison, MSN CNL OCN

Team Members
Mary Rudy, RN NEA-BC | David Zellinsky, MD | Rosanne Zawinski, MN RN-BC | Tom Tear, RN-BC BSN | Barbara Hagarman, RN-BC MN

The CNL Journey: SAVAHCS's Vision for Excellence
Facility: Southern Arizona VA Health Care System
Primary Author: Sherri Porterfield, RN BSN CNL

Team Members
Glenda Riggs, RN CNL | Louis Debiasse | Robyn Oldaker-Hughes, RN MSN | Monica Valdez, RN BSN CNL | Martha Neuss, RN BSN CNL
Catherine Hoffman, RN BSN CNL | Claudia Dennen-Williams, RN BSN CNL | Chandra Gwinnup, RN BSN CNL

"Riding out the STORM": The CNL's Impact on Medication Reconciliation Through Pro-Active Multi-Disciplinary Collaboration
Facility: Central Arkansas Veterans Health Care System
Primary Author: Sandee Foster, MNSc RN

Team Members
Julie Brandt, RN MSN NE-BC | Donna Edwards, RN MA NEA-BC | Kimberly Watson, PharmD BCPS
Sharon Oglesby, RN MSN | Lubna Maruf, MD

Strategies for Implementing and Sustaining the Clinical Nurse Leader (CNL) Role

Implementation of the CNL Combined with CNS Collaboration: An Innovation to Facilitate Practice

Facility: Portland VAMC
Primary Author: Lynne A. Ludeman, RN-C BS MS CNL

Team Members
Jennifer Spiker, RN MS CNL | Jennifer Holmquist, RN MS CNS CIC CMSRN | Kimberly Kirkpatrick, RN MS CNL
Sherri Atherton, RN MS CNS CIC | Nancy Haller, RN MN CNL | Christine Locke, RN CNS DNP CNOR | Jaime Connelly, RN MS CNL CMSRN
Christine Valdez, RN MN CNS CNOR | Victoria Church, RN CNS | Michele Goldschmidt, RN EdD MS CNL | Thomas Ward, MD

The Minneapolis CNL Experience

Facility: Minneapolis VAMC
Primary Author: Sharon M. Myllenbeck, RN MA

Team Members
Shawna Clausen, RN MS CNL CRRN | Rhonda Donahue, RN MS CNL | Larisa Kusar, MD

Clinical Care Facilitator: An Innovative Strategy in Pursuit of the CNL Role

Facility: Central Arkansas Veterans Health Care System
Primary Author: Julie Brandt, RN MSN NE-BC

Team Members
Donna Edwards, RN MA NEA-BC | Karen J. Scott, RN MSN | Sharon Oglesby, RN MSN | Clifton Parnell, MD
Jean Zehler, RN-BC MSE NE-BC | Sheila Cox Sullivan, PhD RN CNE

The Role of the CNL in Implementing Remote Cardiac Telemetry

Facility: Jesse Brown VAMC
Primary Author: Susan Ottenfeld, RN MSN CNL

Team Members
Patricia Boylan, RN MSN CNL | James Brunner, MD | Claire L. Gangware, RN MSN CNL

Implementing and Sustaining the CNL Role at the DC VAMC

Facility: Washington DC VAMC
Primary Author: Leslie Rowan, RN MSN/Ed CWCN CNL

Team Members
Alma Holley, RN MPH CCM CNL | Cheryl Landry, RN MSN CNL | Stephanie Montague, RN MSN CNL | Leslie Rodriguez, RN MSN CNL
Ruby Wesley-Shadow, PhD RN | Delilah White, RN MSN | Charles Faselis, MD

Strategies for Implementing and Sustaining the Clinical Nurse Leader (CNL) Role

Somewhere Over the Rainbow – Integrating Novice Nurses into the CNL Role
Facility: Greater Los Angeles Health Care System
Primary Author: Sharon Valente, PhD RN

Team Members
Barbara Kennedy | Joan Cohen, PhD RN | Erik Ernst, DNP RN | Angela Albright, PhD | Marlene Brewster, RN MS

The CNL as Coordinator of Multidisciplinary Rounds
Facility: Jesse Brown VA Hospital
Primary Author: Claire L. Gangware, MSN RN CNL
Primary Author: Susan J. White

Team Members
Susan Ottenfeld, RN MSN CNL | Robert Hirschtick, MD | Patricia Boylan, RN MSN CNL

Implementing and Sustaining the CNL Candidate Role
Across Three Service Lines in a Level 3 VAMC
Facility: St. Cloud VA Medical Center
Primary Author: Renotta Stainbrook, CNS

Team Members
Breta Monroe, APRN | Lynn Donek, RN MPH | Margaret McCue, RN BS | Mary Randleman, RN BSN | Alice Delane, RN BSN
Sherrie Herendeen, MD

Re-Implementation of the CNL Role to Improve Sustainability and Effectiveness
Facility: Cincinnati VA Medical Center
Primary Author: Kristine M. Wilson, MSN RN CNL

Team Members
Ross Puterbaugh, RN MSN CNL | Brooke Sargent, RN MSN CNL | Sandra Dickens, MD

RN Attending
Facility: VA Connecticut Health care System
Primary Author: Jeanne Arsenault, APRN CNL

Team Members
Jockey Gorero, RN BSN | Aldo Peixoto, MD | Judith Hampel, RN MS

"*Let's Get Certified!*" Phase II Campaign Winners
Development Award: Greater Los Angeles (GLA) HCS - Marlene Brewster, Nurse Executive
Achievement Awards:
GOLD: James A. Haley (Tampa) VAMC - Laureen Doloresco, Nurse Executive
SILVER: New Jersey Healthcare System - Patrick J. Troy, R.N., Nurse Executive
BRONZE: Orlando VAMC - Kathleen L. Cole, RN, BSN, MS, CNAA, Nurse Executive

National Nursing Special Recognition

Previous years' winners and announcement materials for new entries can be found on the ONS Web site:
   http://www.   va.gov/NURSING/nationalawards.asp

Items are submitted on a voluntary basis by the field; recipients listed may/may not represent the full scope of accomplishments by VA Nurses, as this list is representative of the period from 8/2009 – 8/2010; only nationally-recognized awards and achievements are included.

Margaret Kohn, NP, Greater Los Angeles Health Care System, was recognized for the 2009 AMSUS Clinical Nursing Excellence Award.

Gail Powell-Cope, Tampa, FL, published an article entitled, "New Center of Excellence in Tampa Florida," in the VA HSR&D Forum, December 2009.

Marthe Moseley, Associate Director of Clinical Practice in ONS, is one of three co-authors who received the 2009 American Journal of Nursing (AJN) Book of the Year award for the introduction to the Critical Care textbook.

Julie Brandt, Nurse Executive, Little Rock, AR, and her management team published an article in the December 2009 edition of JONA titled, "An Evidence-Based Business Planning Process."

Cynthia Caroselli, VA New York Harbor Health Care System, published as article entitled, "Opportunities for Ensuring a Safe Environment," in the VA HSR&D Forum, December 2009.

Nicolette Estrada, Phoenix VA Health Care System, published an abstract entitled, "Exploring Perceptions of a Learning Organization by RNs and Relationship to EBP Beliefs and Implementation in the Acute Care Setting," in the Fourth Quarter 2009, Worldviews on Evidence-Based Nursing.

Ann Herbage Busch, Liver Transplant Clinical Nurse Specialist (CNS) at the Portland VAMC in Portland, OR received the first Under Secretary for Health Award for Excellence in Transplant Care from Dr. Gerald Cross, former Acting Under Secretary for Health, at the VHA National Leadership Board Meeting in Washington, DC, on January 20, 2010.

Danielle Weisenstein, RN, and **Marne Bilanich**, BSN CARN were recently presented with the Future of Nursing Leadership Award for their project practicum on Hepatitis A and B vaccinations of high-risk Veteran patients. Adding to the importance of the award was also the fact this was the first time that staff from a VA facility has won.

Erin Meredith (Magnet Coordinator), **Elaine Cohen** and **Lucille Raia** from Tampa (James A. Haley) VAMC recently published "Transformational Leadership: Application of Magnet's new Empiric Outcomes," for use in Nursing Clinics of North America. Erin Meredith also wrote an abstract based on this work, which was accepted at the ANCC 2010 Magnet Conference.

ONS' own **Cathy Rick**, RN NEA-BC FACHE FAAN (Chief Nursing Officer) and **Eileen Collins** from the Hines VAMC, have been inducted as Fellows into the American Academy of Nursing (AAN). Ms. Collins was also awarded a Research Scientist Award.

Lisa Tinch, Deputy Director of Patient Care Services at the North Texas VA HCS, was accepted into the 2010 Johnson & Johnson – Wharton Fellows Program in management for Nurse Executives.

Penny Jensen, Nurse Practitioner from the West Valley CBOC in West Valley City, Utah, became the new President of the American Academy of Nurse Practitioners (AANP) in June. The AANP's 25th National Conference was June 23-27 in Phoenix, AZ.

Dijon R. Fasoli, PhD, RN, Bedford VAMC, published an article entitled, "The Culture of Nursing Engagement, A Historical Perspective," in Nursing Administration Quarterly, Vol. 34, pp 18-29.

Christine Kasper, VA Central Office, and **Brenda French**, Hines VAMC, have been selected to co-author the *AANN/ARN Clinical Practice Guideline for Care of the Patient with Mild Traumatic Brain Injury*.

Lori Hoffman-Hogg, Samuel S. Stratton VA Medical Center, Albany, NY, was awarded "best research poster" entitled, "Development of Nursing Sensitive Quality Indicators for Breast Cancer Using ONS PEP Resources," at the 16th annual International Conference on Cancer Nursing.

Peggy Church, BSN RN-BC, Primary Care Nurse Manager at the Biloxi, MS VAMC, served as the Chair of the Leadership Special Interest Group for the American Academy of Ambulatory Care Nurses (AAACN) last year. Church is currently the Academy's Vice Chair and also serves a Content Expert Panelist for Ambulatory Care Nursing Certification. One of their big projects is to rewrite the definition of Ambulatory Care Nursing.

Anthony Pridemore, BSN, RN, CPAN, Nurse Manager for the Joint Ambulatory Care Center's Outpatient Procedure Unit in Pensacola, Fla., was re-elected to the American Board of Perianesthesia Nursing Certification, Inc. (ABPANC). His second, two-year term of office began on July 1.

Ana Maldonaldo, Audie L. Murphy Memorial Veterans Hospital, South Texas, was honored at her facility and nationally for her heroism on the day of the tragic Fort Hood Massacre. She responded with immediate medical assistance putting herself in harms way to care for the wounded. Read her VAnguard article here: **http://www1.va.gov/opa/publications/vanguard/vanguard_10_winter.pdf**

> **More VA Connections:** Dorothy Carskadon, 47, Madison, WI Vet Center Social Worker and team leader was wounded in the Fort Hood attack. She was also an Army Reserve Captain preparing to deploy to Afghanistan with the Madison-based 467th medical Detachment.

In Remembrance of Friends Lost...

Juanita L. Warman, U.S. Army

On November 5, 2009, Juanita L. Warman was tragically lost among the 13 other lives lost in the shootings that took place at Fort Hood, TX. Ms. Warman was a 55-year-old Nurse Practitioner and Army Reservist who worked at the Perry Point VAMC as member of the Trauma Recovery Program team since October 2005, serving Veterans as part of the VA Maryland HCS' Returning Veterans Outreach Education and Care Program. Her personal, military, VA family and the patients she cared for miss her greatly.

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