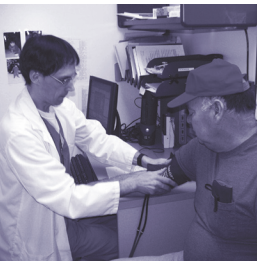




VA Nurses: Everyday Heroes Caring for America's Heroes

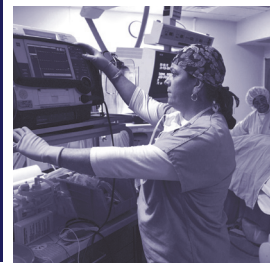
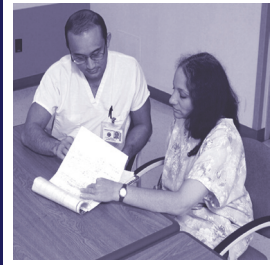


A Message from the Chief Nursing Officer

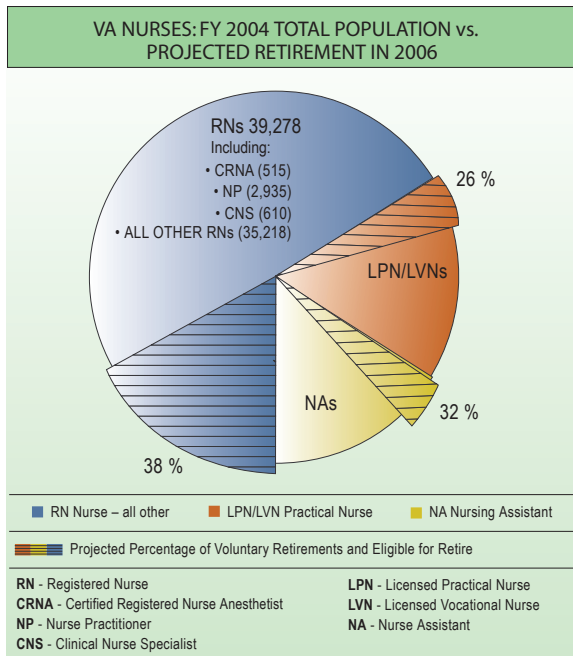
This report highlights key nursing issues and accomplishments. I offer my personal gratitude and recognition to the Office of Nursing Services staff, National Nurse Executive Council members and the hundreds of Veterans Affairs (VA) nursing staff who have contributed to programs and initiatives to advance nursing practice across the Veterans Health Administration (VHA). During the past 12 months, our nursing "heroes" provided extraordinary services to our nation's veterans every hour of every day. We know our health care workers face daily challenges and unique demands to develop and implement innovative approaches to care in a fast-paced environment, and we expect them to lead the way in establishing quality and safety priorities. The Office of Nursing Services (ONS) is committed to serving veterans through responsive and visionary actions that enhance nursing practice in clinical, administrative, education, and research endeavors.

We are on a continuing journey of excellence in VA Nursing. Congratulations and Thank You for all that you do to make this happen.

Cathy Rick, RN, CNA, FACHE
Chief Nursing Officer
Veterans Health Administration



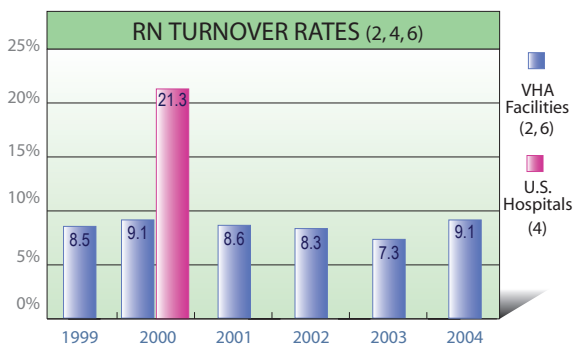
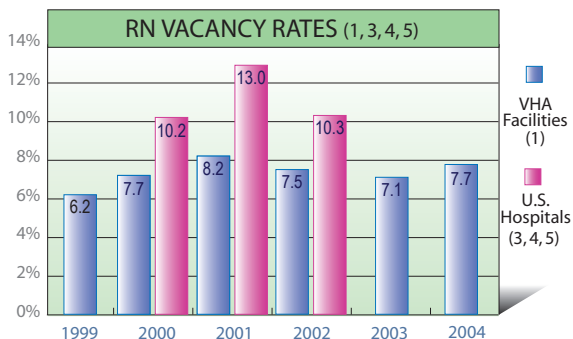
VA Nursing 2004-2005 Synopsis -- A Year of Great Achievements



VA PAID data, FY 2003 via Human Resources Data Mart (HRDM/VSSC website), extracted 1/16/04; 2/5/04, 2/12/04, 10/28/04.

Voluntary Retirement Projected Losses (for 2006) Human Resources Report, VSSC website <http://vssc.med.va.gov/>, extracted 3/30/05.

Regular/Early Retirement Projection (for 2006), Human Resources Report, VSSC website <http://vssc.med.va.gov/>, extracted 3/30/05.



DATA SOURCES FOR VACANCY AND TURNOVER RATES:

- [1] VA Annual Report on Staffing for Nurses for Nurses and Nurse Anesthetists, June 2004.
- [2] Workforce Information System Team (054C3); *Excludes LWOP & Change in Duty Basis COIN PAI Report 10-247, 10-248.
- [3] American Nurse's Association (Magnet Award Conference), 2002.
- [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: Healthcare Workforce Shortage and its Implications for America's Hospitals. First Consulting Group, 2001.
- [6] VA PAID data, analysis via Human Resources Data Mart (HRDM), VSSC website <http://vssc.med.va.gov/>, extracted 10/28/04.

► **Second VAMC achieves Magnet Recognition™:** The Michael E. DeBakey VA Medical Center (VAMC) in Houston, Texas received American Nurses Credentialing Center (ANCC) Magnet Recognition™ for Excellence in Nursing Services. While Houston is the second VA facility to receive this distinction, several VA Medical Centers are in the application (four) or pre-application phases (thirty-two) for Magnet Recognition. Magnet designation is the highest honor a health care organization can receive for nursing services. The Magnet program recognizes health care organizations that provide the best in quality patient care and uphold excellence in professional nursing practice.

► **Nursing Demographic Summary:** The VHA nursing workforce grew again during Fiscal Year 2004, with the largest increase in RNs, although our nursing workforce is older than the private sector (Registered Nurse (RN) average age is 48.7 years; Licensed Practical Nurse (LPN) average age is 46.4; and Nursing Assistant (NA) average age is 46.2 years) and more nurses are reaching retirement eligibility each year. VHA continues a positive trend as employer of choice for men and ethnic minorities in nursing. Vacancy and turnover rates continue to be lower than the national averages, but did rise in 2004. These rates may be partially attributable to an aging nursing workforce and increasing rates of retirement that outpace hiring rates, which are key challenges facing VA as we address workforce succession planning. ONS and the Human Resources Committee (HRC) of the National Leadership Board continue to implement and adjust strategies put into play over five years ago to address these workforce challenges.

► **Seamless Transition for Iraqi & Afghanistan Troops:** Since its formation in 2003, the Seamless Transition Coordination Office oversees transition activities aimed at introducing returning Iraq and Afghanistan War veterans to the VA system, including available benefits and the dedicated “family” of employees who will deliver care and services to them. Transition efforts range from outreach enrollment weekends with reservists and National Guard units to setting up Active Duty Rehabilitation Units in VAMCs, to facilitating transfer from Department of Defense (DoD) treatment facilities to VAMCs for new veterans with war-related injuries requiring continuing treatment and rehabilitation. VA nurses are central to many of these efforts—as case managers coordinating entry into the system, as rehabilitation specialists helping patients return to active duty or to daily life, and as inpatient clinicians (ICU, PACU, Med/Surg, etc.) These veterans have unique situations (e.g., many have young families, an increased percentage are women), in addition to complex and severe poly-traumatic injuries that in the past would not have been survivable. As our veteran population changes, VA nurses are rising to these new challenges with specialized expertise, creativity, and compassion.

► **VA Nurses respond in force to “Mother Nature”:** Hurricanes Charley, Frances, Ivan, and Jeanne struck Florida and Alabama in August/September and nursing staff responded in true form, in support of VA's fourth mission—providing emergency management support during regional and/or national crises. VA nursing personnel were deployed to support clinical operations for the steady influx of patients at VA medical centers in Miami and Gainesville, and also provided community outreach to the citizens of Florida, including many veterans. This mission was coordinated by Emergency Management Strategic Health Group (EMSHG), in cooperation with federal, state, and local emergency response agencies and constituted the largest single deployment of VA volunteers during a national disaster. By the end of six weeks, the 375 RNs, LPNs, and CNAs constituted 94% of the total of all personnel deployed (400+). Both Florida nurses and those volunteers who worked the crisis offered positive accounts of the experience. The volunteers also praised their medical center colleagues who worked short-handed in their absence.

National Nursing Strategic Plan 2003-2007

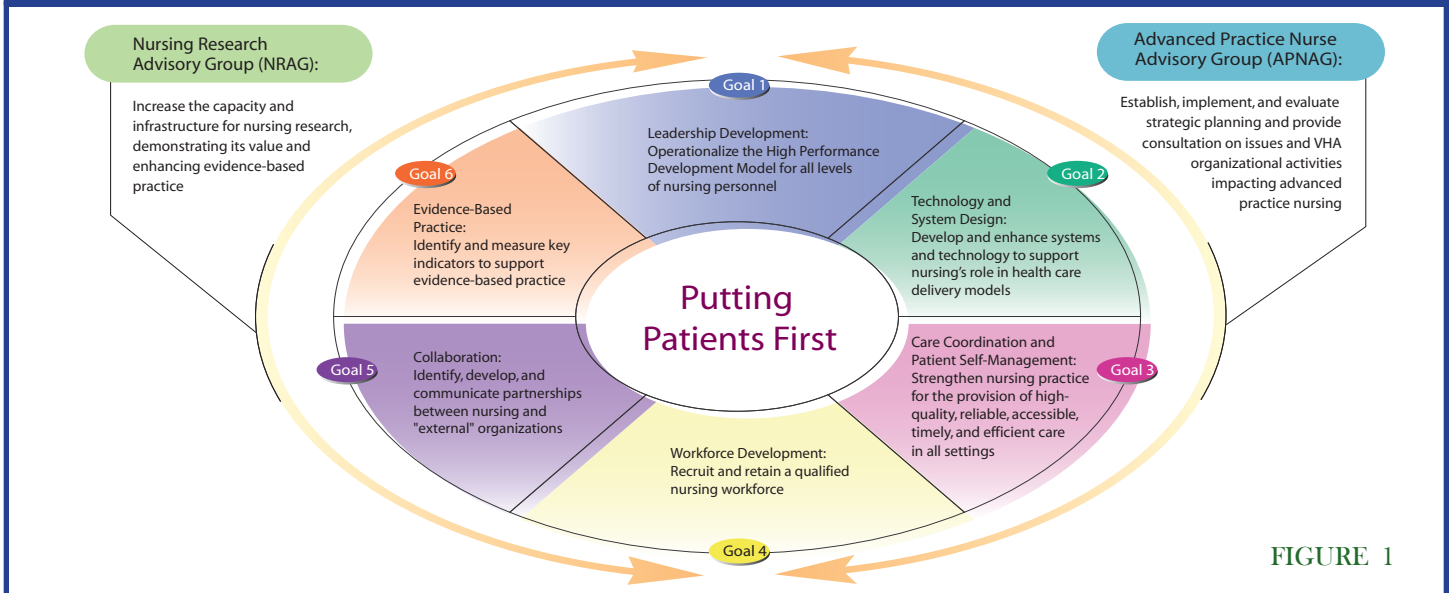


FIGURE 1

National Commission on VA Nursing Recommendations:

Desired Future State of VA Nursing

“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 served America”

**Commission on VA Nursing
2002-2004**

For further information about the activities of the VA nursing Service, we encourage readers to visit our website at: vaww.va.gov/nursing and also refer to the publication we issued last year **Office of Nursing Services 2004 Strategic Briefing -- VA Nursing Service: Making a Difference in Veteran's Lives.**

Perhaps one of the most significant developments in 2004 came from the National Commission on VA Nursing. The Commission published its final report in May 2004 and VA issued a formal response in September 2004, outlining legislative and organizational policy changes to enhance the recruitment and retention of nurses and other nursing personnel in the Department. The final report, “Caring for America’s Veterans: Attracting and Retaining a Quality VHA Nursing Workforce” published in May, 2004, recommended organizational, legislative, and policy changes in the areas of Leadership, Professional Development, Work Environment, Respect and Recognition, Fair Compensation, Technology, and Research/Innovation. <http://vaww.appc1.va.gov/nursing/docs/CaringforAmerica.pdf> or <http://www1.va.gov/nursing/docs/CaringforAmerica.pdf>

Currently, an interdisciplinary steering committee is developing actions plans to address the recommendations approved by the Secretary regarding the findings of the Commission. This committee is chaired by the Chief Nursing Officer and comprised of Chief Officers from responsible offices in VA and Veteran’s Health Administration (VHA), the health delivery arm of VA, which includes Nursing, Operations & Management, Research, Information, Management Support, Academic Affiliations, Human Resources, and Employee Education. The committee’s work is aligned with the Human Resources Committee of the National Leadership Board, as strategic initiatives for VHA nursing workforce planning.

VA Nursing Service is working closely with various stakeholders to implement not only the Commission recommendations, but also the closely related nursing strategic plan. The National Nurse Executive Council (NNEC) continues to address action items to advance the Nursing Strategic Plan. NNEC is comprised of a Nurse Executive from each Veterans’ Integrated Service Network (VISN), the Advanced Practice Nursing (APN)/Nursing Research Chairs, along with ONS Program Directors and is led by the Chief Nursing Officer from VA Central Office. NNEC workgroup activities have prioritized the Commission recommendations as “mission critical.” **Figure 1** depicts the National Nursing Strategic Plan and each NNEC goal group, which oversees multiple national projects and subcommittees. **Figure 2** (see page three) presents the Commission recommendations in the left column; the National Nursing Strategic goals are represented by the columns to the right. As you can see, the National Nursing Strategic goals closely mirror the Commission objectives.

Crosswalk:

National Commission on VA Nursing 2005

National Nursing Strategic Plan 2003-2007

	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5	Goal 6	NRAG	APNAG
LEADERSHIP: 1. The facility nurse executive should have line authority, responsibility, and accountability for nursing practice and personnel 2. The facility nurse executive should be a member of the executive body at the Veterans Integrated Service Network (VISN), and facility levels 3. The facility nurse executive should be accountable for (a) the effective performance of nurse managers, (b) leadership development of all nursing staff, (c) development and implementation of clinical leadership roles at the point of care, and (d) compliance with standardized Nurse Professional Standards Board (NPSB) protocols 4. Nurse qualification standards should be clearly defined to facilitate consistent interpretation across VA								
PROFESSIONAL DEVELOPMENT: 1. The Chief Nursing Officer (CNO) should structure career development opportunities to assure that every nurse in VHA can actualize his or her goals within one or more career paths with the opportunity for professional growth and advancement 2. VHA should establish national policy guidelines for schools of nursing comparable to the medical school model in policy memorandum Number 2 and actively promote nursing school affiliations 3. VHA should assure that the VA's Health Professionals Educational Assistance program is funded equitably with other federal programs, such as military scholarships	DEVELOPMENT	DESIGN	SELF-MANAGEMENT	DEVELOPMENT			GROUP (NRAG)	GROUP (APNAG)
WORK ENVIRONMENT: 1. VHA should develop, test, and adopt nationwide staffing standards that assure adequate nursing resources and support services to achieve excellence in patient care and desired outcome 2. VHA should review and adopt appropriate recommendations outlined in the Institute of Medicine report, <i>Keeping Patients Safe: Transforming the Work Environment of Nurses</i> , to determine specific strategies for implementation across VHA	DEVELOPMENT	SYSTEM DESIGN	PATIENT SELF-MANAGEMENT	DEVELOPMENT	COLLABORATION	EVIDENCE-BASED PRACTICE	RESEARCH ADVISORY GROUP (NRAG)	NURSE ADVISORY GROUP (APNAG)
RESPECT & RECOGNITION: 1. VHA should expand recognition of achievement and performance in nursing service 2. VHA should create a sense of value and culture of mutual respect for nursing through all levels of VHA to include physicians and other colleagues, management, and stakeholders	LEADERSHIP DEVELOPMENT	TECHNOLOGY & SYSTEM DESIGN	CARE COORDINATION & PATIENT SELF-MANAGEMENT	WORKFORCE DEVELOPMENT	COLLABORATION	EVIDENCE-BASED PRACTICE	NURSING RESEARCH ADVISORY GROUP (NRAG)	NURSE ADVISORY GROUP (APNAG)
FAIR COMPENSATION: 1. VHA should amend Title 38 to establish procedures for assuring that Registered Nurse (RN) locality pay policies are competitive with local RN employer markets 2. VHA should change hiring and compensation policies to promote recruitment and retention of Licensed Practical Nurses (LPN) and Nurse Assistants (NA) 3. VHA should strengthen human resources systems and departments to develop an active hiring and recruiting process for nursing staff that is consistent, to the extent possible, across facilities and VISNs	LEADERSHIP DEVELOPMENT	TECHNOLOGY & SYSTEM DESIGN	CARE COORDINATION & PATIENT SELF-MANAGEMENT	WORKFORCE DEVELOPMENT	COLLABORATION	EVIDENCE-BASED PRACTICE	NURSING RESEARCH ADVISORY GROUP (NRAG)	NURSE ADVISORY GROUP (APNAG)
TECHNOLOGY: 1. VHA should give priority to the continued rollout of the VA Nursing Outcomes Database (VANOD) as the data repository for nursing performance standards and the evaluation of effective patient care delivery models 2. VHA should engage experts to evaluate and redesign nursing work processes to enhance patient care quality, improve efficiency and decrease nurse turnover through the use of technology 3. The Agency for Healthcare Research and Quality (AHRQ) and VHA should partner in applying findings from information systems and technology research projects into patient care delivery								
RESEARCH/INNOVATION: 1. The VA should establish a Center for Excellence in Quality Nursing Care to create and implement a research agenda consistent with the VA mission								

FIGURE 2

Actions Related to Commission Recommendations:

Nursing Leadership Programs

The Leadership Development Workgroup has developed, coordinated, and/or facilitated planning and content for career development programs listed below to foster leadership skills and advancement opportunities for nurses at varying levels in the organization.

- ☐ Nurse Manager Core Curriculum
- ☐ Executive Career Field (ECF) Candidate Development Program
- ☐ Health Care Leadership Institute (HCLI)
- ☐ VHA VISN/Facility Leadership Development Program (LEAD)
- ☐ Leadership VA (LVA)
- ☐ VA Central Office/ONS Nurse Executive Rotation
- ☐ VA National Nursing Leadership Conference
- ☐ Federal Executive Institute (FEI)
- ☐ APN Mentoring Toolkit

“This (CNL) is an exciting change for us. It will give us a link to other hospital areas and will help us give better care to the patients.”

Staff nurse

WHAT'S NEW WITH THE NURSE PROFESSIONAL STANDARDS BOARDS?

- ☐ An NPSB Consultation Group is being appointed; each VISN will have an assigned expert. This national cadre of experts will further develop tools and resources and facilitate training within their respective regions as their proficiency grows. Standardized training and demonstrated expertise will be completed by the end of 2005.
- ☐ VA Central Office NPSB membership was expanded to include VA Central Office (VACO) and field nurses representing grades Nurse III-V. VACO NPSB provides peer review for VISN and CO leadership positions, (Nurse IV & V), promotion reconsiderations and education waivers (all grades), all Nurse Executive appointments and other actions, and national consultation, as needed.
- ☐ NQS and NPSB Education Tools have been refined for use in education programs regarding the following topics:
 - Proficiencies/ Executive Career Field (ECF) appraisals
 - Nurse (RN) Qualification Standards Boards
 - LPN-LVN Standards Boards
- ☐ NQS & NPSB e-Plans for 2005-2006:
 - Standardized NQS & NPSB Educational tools referenced above will be available on ONS national website at (<http://vaww.appc1.va.gov/nursing/>) once finalized
 - On-line NPSB course—under development
 - Web-based Annual competency review of all staff involved with NPSB/LPN Board process—under development

Leadership:

Organizational charts and Chief Nurse Executive functional statements are being collected and reviewed. ONS will partner with organizational management to review and follow up with field leadership to discuss strategies for optimizing leadership structures and Nurse Executive functions. Senior Management structures, within facilities and VISNs, are being examined and reorganized to ensure that Nurse Executives are full members of the senior management team and have clearly defined authority/roles within the organization.

A workgroup has been established to develop a Nurse Manager Leadership Program, with content consistent with the Nurse Manager Core Curriculum, which is currently available on the Office of Nursing Services website <http://vaww.appc1.va.gov/nursing/page> or by hard copy and CD from VA Employee Education Service (EES).

Nurse Qualification Standards (NQS) policies are under development to address standardization in peer review processes and member selection for the Nurse Professional Standards Boards (NPSB). *See the box on the bottom left.*

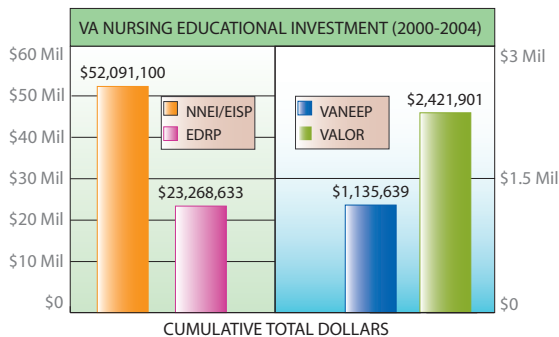
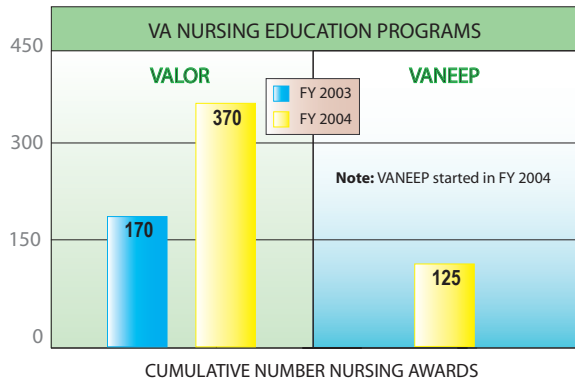
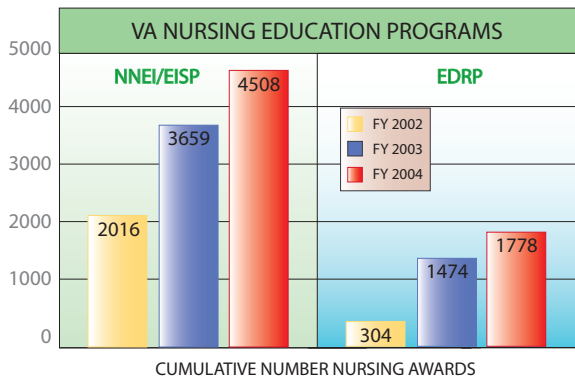
Over 40 VAMC sites, with more joining every day, are participating in an innovative system-wide Clinical Nurse LeaderSM pilot program designed to positively affect patient outcomes and nursing retention. At least half of the sites are implementing the role, in partnership with an academic affiliate, as part of the American Association of Colleges of Nursing (AACN) pilot project.

Clinical Nurse Leader (CNL) In a Nutshell:

- ▶ Clinical Nurse LeaderSM or CNLSM is a change to nursing practice introduced by the American Association of Colleges of Nursing in collaboration with nursing leaders from over 80 academic institutions and 140 health care agencies.
- ▶ VA is an integral partner in piloting this role. In 2005, the CNL project will be launched at VAMC sites in nearly every VISN.
- ▶ The CNL role emerged to retain highly skilled clinicians in direct patient care roles with a focus on outcomes-based practice and quality improvement initiatives at the point of care.
- ▶ The CNL is a clinical expert and resource for the entire healthcare team, who directs evidence-based practice and initiatives that will improve both nursing practice and patient satisfaction in the direct care setting.
- ▶ Implementation of this role is intended to drive the redesign of the healthcare delivery system with the focus--not on the workforce--but on the work of nursing itself.

Professional Development:

A variety of career development options are being explored to expand VA nursing career alternatives. Policies/procedures to address Individual Development Plans for all nursing staff are being developed. VA Nursing is involved with coordination or content planning for a variety of individual career development programs; VA Nursing is also exploring the feasibility of creating or staffing a national Nursing Career Center to advise VA nurses seeking career counseling.



DATA SOURCE FOR VA NURSING EDUCATION

Mary Raymer, RN, MA, CNAA, FY2004 Report, Health Care Staff Development & Retention Office, New Orleans, LA.

Education Programs www.vacareers.com

VA offers several initiatives to enhance the educational preparation of its staff, including scholarship and loan repayment programs.

Examples of these programs include:

- ☑ Education Debt Reduction Program (EDRP)
- ☑ Employee Incentive Scholarship Program (EISP)
- ☑ National Nursing Education Initiative (NNEI)
- ☑ VA Nursing Education for Employees Program (VANEPP)
- ☑ VA Learning Opportunities Residency (VALOR)
- ☑ Tuition Support Program
- ☑ Tuition Reimbursement Program
- ☑ Uniformed Services University of Health Sciences (USUHS), Doctoral Program in Nursing Sciences

Advanced Practice Nurses have identified programs to promote APN leadership and consultation services within VHA and are developing an algorithm for the Credentialing and Privileging of APNs as a resource for both practitioners and management.

The Leadership NNEC workgroup has also implemented a career development database which allows nursing leadership to identify future nurse leaders for succession planning in clinical, administrative, or research roles. Access to this database is restricted to the Nurse Executive at each facility and ONS staff.

VA employs registered nurses prepared at the associate, baccalaureate, master's, and doctoral level. VHA actively recruits the highest quality licensed practical/vocational nurses and nursing assistants to create the healthcare teams that provide excellent care that is our hallmark. The current VA Nurse Qualification Standards continue to serve as a stimulus for professional and personal growth.

For those seeking additional education opportunities, VA continues to sponsor a variety of scholarship, employee tuition support, and tuition reimbursement programs. A list of these programs is provided at the bottom of the page. Charts on the left reflect the levels of funding support through Fiscal Year 2004. The relatively new VA Nursing Education for Employees Program (VANEPP) continues to build VHA's future nursing workforce. In 2004, VANEPP provided salary replacement and education dollars for 125 VA Employees to obtain entry level RN or LPN education on a full-time basis.

To enhance nursing advancement opportunities and allow RNs to advance without moving away from direct patient care, an NNEC Leadership subgroup is working to redefine the nursing career path framework in VA. This new model, "VA Nursing Career Paths" delineates promotion potential in a variety of nursing careers options.

This workgroup has developed a conceptual model that identifies distinct career paths and is currently involved in the following activities:

- ▶ Writing interpretive statements and practice standards for all career paths; and
- ▶ Exploring potential impact of re-defining the current nine dimensions of practice, and
- ▶ Recognizing distinctions between the levels of Grade I.

A VHA workgroup, led by ONS, is exploring options regarding expanding VA's academic affiliations. They are gathering information on pay authorities for shared VA/faculty positions and reviewing affiliation/sharing agreements and models between nursing/medical schools and healthcare facilities (both VA and others). The long-term goal is to implement pilot affiliation programs to ultimately inform recommendations for policy change.

Work Environment:

A self-assessment tool is under development that will allow facilities to evaluate the degree of nursing time spent on non-nursing tasks. A toolkit will include guidelines for developing action plans to address problematic areas.

Nursing practice, quality patient care and patient safety are all affected by the work environment, which is reflected by staffing levels and mix. ONS's long term goal is to automate nursing sensitive indicators to define staffing effectiveness, built upon evidence-based practice.

An NNEC Workforce subgroup identified 20 recommendations that align with VHA and ONS priorities from the Institute of Medicine's report *Keeping Patients Safe: Transforming the Work Environment of Nurses (2004)*.

LEGISLATIVE UPDATE

Public Law 108-422 (enacted November 30, 2004): This law contained two references to VA nursing.

- VA, in cooperation with Department of Defense, will make VA certified rehabilitation RNs available to assist with the care coordination of complex, multi-trauma active duty members located at military treatment facilities whose care will transfer to VHA.
- VA will develop a pilot nurse recruitment program, in conjunction with a private sector entity, using innovative tools, techniques, and other strategies in areas adversely affected by a shortage of qualified nurses.

Public Law 108-445 (enacted December 3, 2004):

■ **Alternate (“Flexible”) work schedules**—Medical Center Directors will be given the discretionary authority to offer RNs two optional types of flexible work schedules, as an incentive to obtain or retain the services of RNs at VA healthcare facilities, and if deemed necessary, to meet workforce requirements or to be competitive with local markets.

- **Flex Schedule #1:** RNs who work three regularly scheduled 12-hour tours of duty within a work week will be considered for all purposes to have worked a full 40-hour basic work week.
- **Flex Schedule #2:** RNs may work full time for nine months with three months off duty, within a fiscal year, and be paid at 75 percent of the full-time rate for each pay period of the fiscal year (similar to the traditional pay cycle for faculty).

■ **Nurse Executive pay:** In order for VA to recruit and retain highly qualified nurse executives, the Nurse Executive at each VA healthcare facility and in Central Office may receive a special pay in an amount not less than \$10,000 or more than \$25,000. The amount to be paid, will be determined at the local level, based on objective criteria developed by VACO.

NOTES:

In addition, the VA is encouraged to prevent work hours by RNs who provide direct patient care in excess of 12 consecutive hours or in excess of 60 hours in any 7-day period, except in the case of nurses providing emergency care.

Implementation of these new work schedule alternatives is pending development of Department Policy and is anticipated in late 2005.

HERE'S A CREATIVE IDEA:

(Feb, 2004) As hospitals across the country struggle with nurse recruitment and retention issues, Nurse Managers at the Birmingham VAMC took advantage of low holiday patient census to recognize and motivate their nurses. They called the program “BVAMC Trading Spaces.” The aim was to promote morale and team building across unit boundaries. Registered Nurses and Licensed Practical Nurses from the operating room, post anesthesia recovery unit, intensive care units, ambulatory surgery and primary care teamed together to provide care for patients on two medical and surgical units, while nurses there were taken to the hospital auditorium for an appreciation breakfast followed by a motivational seminar and lunch. In the afternoon all units were covered by “trading spaces” and the alternate set of nurses received the “team building” seminar. Nurse comments were positive and spirits were high.

Respect and Recognition:

VA Nursing Service will facilitate development of a tracking mechanism for local nominees/selectees for national awards (e.g. Heart & Hands, ONS Innovations, Secretary’s Awards for Nursing Excellence, Carey Award, and other recognitions, both VA and private sector).

ONS is promoting dissemination of “best practices” regarding nursing recognition among facility and VISN leadership, in order to enhance the culture of value and respect, by modeling local recognition, awards, and encouragement efforts after national venues and by utilizing recognition opportunities unique to each site.

The ONS Annual Report and monthly calls routinely highlight VA nurses’ national accomplishments. Future plans for national recognition include a web-based Awards, Recognition and Accomplishments section and print media options.

VHA stakeholders are reviewing several projects for possible strategies to enhance nurse physician collaboration at all levels of the organization by creating a sense of value and culture of mutual respect. Projects include: the VISN 23 Clinical Team Communication Collaborative, the Nurse Executive – Chief of Staff/Chief Medical Officer Collaborative Practice Survey, the VISN 23 “Stress and Aggression in the Workplace Study,” and the NNEC Workforce Goal group “Intimidation and Aggression in the Workplace” paper. Additionally, the 2005 ONS Innovation Award theme centers around nurse/physician collaborative best practices that demonstrate a positive impact on workforce challenges or patient outcomes.

Please see page 9 for a listing of VA national nursing award recipients for 2004.

In addition to increasing the audience for the recognition of the winners of national awards, it is a service-wide goal to facilitate local, regional and national recognition of the incredible nursing accomplishments happening on a daily basis.

See the box on the bottom left for a creative idea. This is just one sample of the creative efforts to recognize and reward staff that are occurring throughout the system every day. So, keep those good ideas coming and remember to share them with your colleagues!

Fair Compensation:

ONS and Human Resources Management staff are considering alternate mechanisms for addressing and setting locality pay rates for nurses.

ONS is addressing the adequacy of current special salary cap, bonuses and other allowances in support of recruitment/retention of LPNs.

A VA Nursing Service workgroup will review and formulate proposed revisions to NA qualification standards and develop strategies for hybrid Title 38 options for direct hire authority in support of recruitment/retention of NAs.

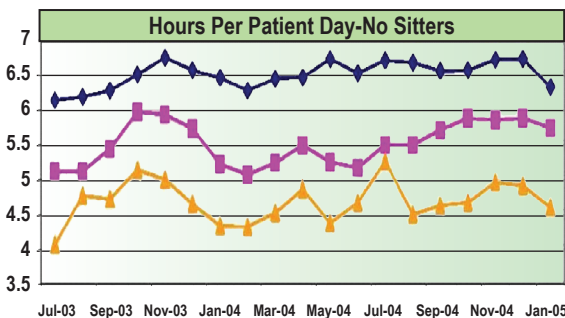
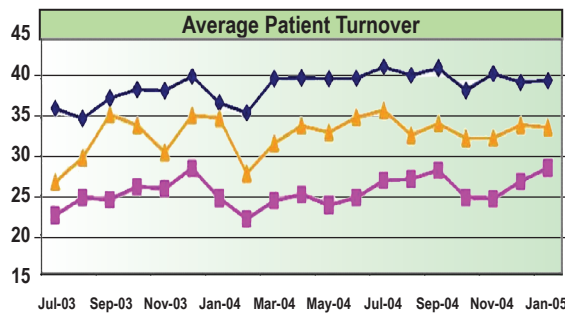
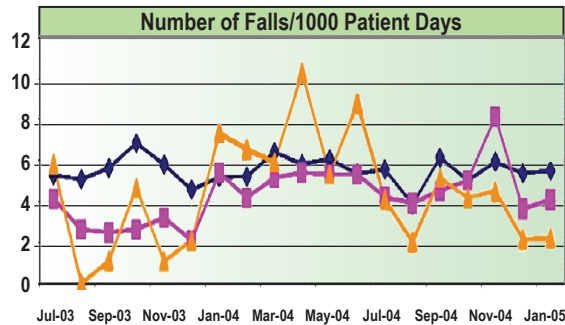
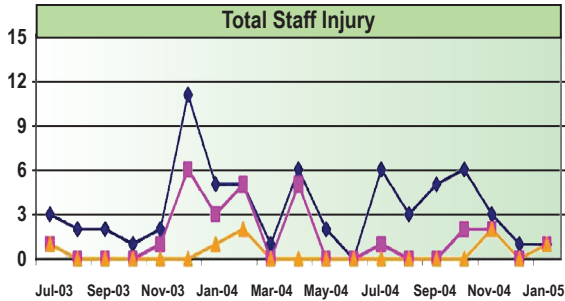
Technology:

VA Nursing Outcomes Database (VANOD) is capturing information on seven nursing-sensitive indicators: patient falls, pressure ulcers, patient satisfaction, staff musculoskeletal injury, staff satisfaction, staff mix, and hours per patient day (HPPD).

The original pilot involved acute care units (ICU, medical, surgical, and medical/surgical combined) in 12 randomly selected VA medical centers.

Phase II of the project has begun, which involves automation of data extraction and web based report generation in the original 12 sites and system-wide implementation.

VANOD Sample Charts: Staff and Patient Indicators by Nursing Unit Type July 2003 - January 2005



◆ All VA Teaching Hosp-Med Units
■ Facility "A"-All Med Units
▲ Facility "A" Medical Unit "M"

into all acute care units. To date, over half of the twelve sites are beginning electronic data extraction; the CNL sites are slated to implement data extraction for acute care indicators next.

Several pilot sites have been tracking and trending early data on the original indicators. Included here are sample charts depicting the types of reports that VANOD will produce in the future. These charts represent one medical unit compared to the average of all medical units in that facility, and all medical units in "like" facilities in the nation. The analysis for the unit sample report might include:

- ▶ HPPD was lower than the facility average, while the patient turnover rates were higher than the facility average.
- ▶ Staff injuries were about equal or lower than facility averages.
- ▶ Patient fall rates fluctuated and showed "peaks" in January and June 2004.

The facility and work unit would use actual data to examine practice patterns, staffing levels and patient acuity to determine factors that might have contributed to these peaks and institute quality management and improvement efforts to enhance outcomes.

As implementation expands, we expect VANOD to identify key opportunities for improving patient care. We will gain key insights into the relationships between nursing-sensitive patient outcomes, nursing staff outcomes, and staffing.

Workgroups have been formed to identify/develop indicators in several patient care settings (mental health, ambulatory care, long term care, spinal cord injury, rehabilitation) and administrative indicators for staffing/workforce issues. Another workgroup is developing recommendations for a common nursing taxonomy. Indicator development is of interest to many other healthcare institutions [e.g., Joint Commission on Accreditation of Healthcare Organizations (JCAHO), California Nursing Outcomes Coalition (CalNOC), National Quality Forum (NQF), etc.]. These groups are identifying and evaluating indicators for patient care settings, in addition to acute care, and defying additional nursing-sensitive indicators, as needed. The future vision is to create indicators that will support an electronic patient classification/acuity system and staffing effectiveness (addressing both patient safety and productivity).

Collaboration continues with Office of Information staff to design and build clinical software systems that are relevant, minimize workload, and reduce human errors for nursing staff at all levels and in all settings.

Research/Innovation:

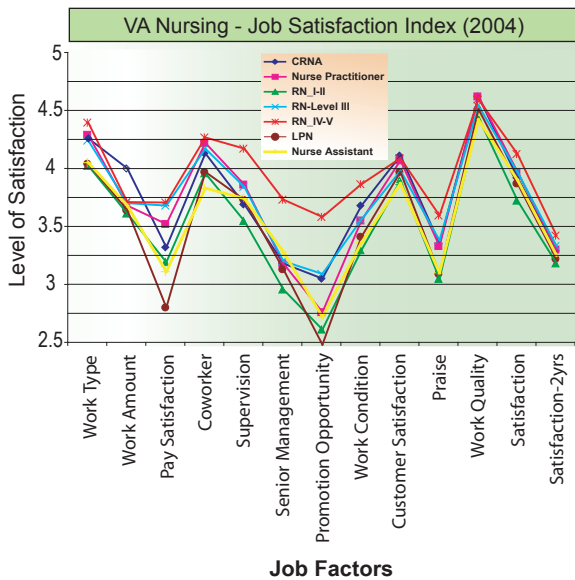
The Nursing Research Advisory Group (NRAG), in collaboration with the Office of Research and Development (ORD), is developing a nursing research agenda that reflects the VA mission and will address issues involving practice, patient care and the health care system.

ORD and ONS are discussing options for a structured mechanism for research initiatives in order to optimize quality of nursing care and its impact on patient outcomes and nursing practice priorities.

Strategies are being developed to mentor VA nursing employees enrolled in doctoral studies in their research career development. NRAG is also exploring other mechanisms for increasing research capacity such as: academic affiliations, Tri-Services Research Program, etc., and is in the process of creating a directory of nurse researchers to serve as a resource for both management and the research community.

Nurse Researchers, Advanced Practice Nurses, and Nurse Executives, are developing strategies to create a culture of evidence-based practice and will evaluate data from the VANOD project to explore the relationships between nursing-sensitive indicators and patient and staff outcomes.

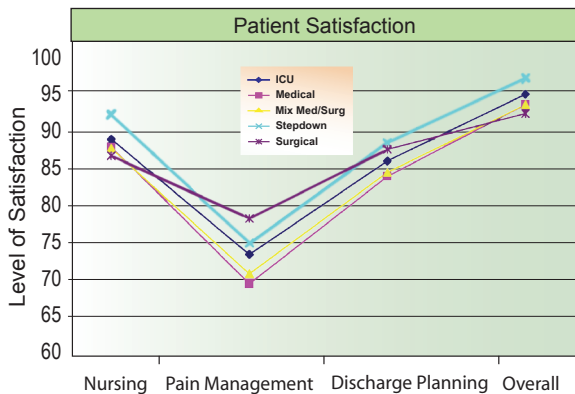
Patient and Staff Satisfaction



DATA SOURCE

VA 2004 All Employee Survey, Human Resources Data Mart (HRDM/VSSC website), extracted 04/08/04.

VANOD Sample Chart: Patient Satisfaction by Nursing Unit Type



...VHA will attract and retain a qualified nursing work force...which will position VHA for the future of health care delivery and nursing [to better serve our veterans"]

Caring for America's Veterans: Attracting and Retaining a Quality VHA Nursing Workforce (May, 2004)

VA is committed to providing the very best care and wants veterans and employees to be as satisfied as possible with their care and their work.

Our commitment to safe, high quality, evidence-based patient care ensures that we recruit and retain the very best nursing staff. The organizational efforts of this past year will continue to move VHA toward a culture of professional excellence, interdisciplinary collaboration, innovative work environments, satisfied employees, and ultimately satisfied, well-cared for veterans with better health outcomes. Nursing Staff satisfaction is believed to have an impact on the care delivered and on patient satisfaction; as the VANOD project grows, we can explore this relationship.

- ▶ **How satisfied were VA Nurses in 2004?** For now, we can look at a measure of satisfaction for VA nurses using the VA All Employee Survey. While there are some areas that need improvement, nursing staff reported moderate to high job satisfaction according to the 2004 VA All Employee Survey, Job Satisfaction Index. Interestingly, all nursing staff appear to have similar trends in satisfaction, except for Nurse Executives who appear to have higher satisfaction across all factors. A few areas that scored lowest in satisfaction (pay, promotion opportunity, and praise) are ongoing priorities for the Office of Nursing Services, and also highlighted in the Commission recommendations.
- ▶ **How satisfied were VA patients in 2004?** According to the Surveys of the Health Experience of Patients (SHEP) administered by VA's Office of Quality and Performance, veterans rate their care very positively. In 2004, 76% of inpatient veterans rated their overall quality of care in the (VA) hospital as "very good or excellent", while 77% of outpatient veterans responded with "very or complete satisfaction" to the question "All things considered, how satisfied are you with your health care in the VA?" So, we do know that veterans are pleased with VA health care, and as VANOD matures we will have nursing-sensitive measures that will demonstrate the relationship between levels of care and patient satisfaction. The chart to the left is a sample of what VANOD will offer for patient satisfaction.

Vets Give VA Top Health Care Rating - Five Years in a Row

WASHINGTON - Are you satisfied with your health care? If you're a veteran in the Department of Veterans Affairs health care system, the answer is overwhelmingly, yes! For the fifth year in a row, the independent American Customer Satisfaction Index (ACSI) found veterans are happier than most Americans with the health care they receive. With VA scoring 91 out of 100 on customer satisfaction and 92 out of 100 for veteran loyalty.

The Office of Nursing Services wishes to thank our colleagues throughout VHA, both in Central Office and in the VISN and Medical Centers, for their support, efforts, creativity, and facilitation as we come together to implement necessary changes outlined by the National Commission on VA Nursing. While VHA continues to receive recognition for its continuing commitment to quality care and organizational stewardship, the goals set forth by the Commission will require systematic, cultural change which is only possible with full collaboration and endorsement at all levels of the organization.

VA nurses once again distinguished themselves this past year, by their accomplishments in the advancement of nursing practice in meeting the VA mission and, most importantly, in the care provided to veterans. As our "journey of excellence" continues, we celebrate the everyday heroes who are our workforce and who dedicate themselves to caring for America's heroes. VA Nursing Service, with VHA and other partners, has made critical strides to make lasting changes that will make us even stronger. Organizational change, new legislation, effective policies/procedures, education, and innovation will help us attract and retain a dynamic, committed, and qualified workforce and will hopefully bring in new nurses, in this increasingly competitive market, to ensure that our primary mission "to care for him who shall have borne the battle and for his widow and his orphan" can flourish. ♦

NATIONAL NURSING AWARDS*

2004 Winners of the Secretary’s Award for Excellence in Nursing:

- **Helen Noel**, Ph.D., APRN, VA Connecticut Health Care System, West Haven, CT, **RN Expanded category**
- **Mary Withers**, RN, Central Texas Veterans Health Care System, Waco, TX, **RN Staff category**
- **Philip Cotroneo**, LPN, Lebanon VA Medical Center, Lebanon, PA, **LPN/LVN category**
- **Debra Warren**, NA, Dayton VA Medical Center, Dayton, OH, **Nursing Assistant category**

2004 Winners of the Secretary’s Award for Advancement of Nursing Programs:

- **George H. Gray, Jr.**, Director, Central Arkansas Healthcare System, Little Rock, AR, **Director category**
- **Sandra K. Janzen**, MS, RN, CNAA, BC, Associate Chief of Staff, Nursing Service, James A. Haley Veterans’ Hospital, Tampa, FL, **Nurse Executive category**

2004 Winners of the Office of Nursing Service Innovations Award

Theme - Enhancing the Diversity of the VA Nursing Workforce and/or Addressing Culturally Sensitive Patient Care:

The Office of Nursing Services Innovations Award program is a nursing-specific, national award program that honors the top ten teams that demonstrate nursing leadership in innovative quality improvements, which have a positive impact on patient care. In 2004, ONS recognized the ten “best practices”, for programs or initiatives that enhanced the diversity of the VA nursing workforce and/or addressed culturally sensitive patient care.

Project Leader	Location of VAMC	Team Members	Project Title
Jennifer Davis, RN MSN	Dayton, OH	Carol Ahlers, RN, MS	“Grow Our Own: A Career Development Opportunity to Become a Licensed Practical Nurse”
Vilma Divinagracia, RN, MSN	San Diego, CA	Carole Hair, RN, NP, PhD; Ann Kelly, RN MSN; Mary Kodiath, MSN, NP; Beverly Lindsay, RN, MSN; Laureen Pada, RN, BSN	“Development of Strategies to Increase Staff Sensitivity to Cultural Differences Among Veterans Within the VA San Diego Healthcare System”
Kathy Green, RN, MS	Dayton, OH	Jennifer Davis, RN, MS	“Life Style Management Series for Women”
Susan Hagan, ARNP-C, MS	Tampa, FL	Gerald Carlineo, RN; Susan Fesler, RN	“A Pain Resource Nurse Program”
Roland Jemerson, RN, BSN	Portland, OR	Lori Okino, RN, MS	“Enhancing the Diversity of the VA Nursing Workforce and Promoting Culturally Sensitive Care via a Poster Campaign”
Mary Walters, RN, MS	Tucson, AZ	Yvonne Garcia, RN	“American Indian Nurse Advocate Role”
Frankie Manning, RN, MSN	Seattle, WA	Randy Belieu, RN, BSN, MSN; Rose Franzmeier, RN MSN; Elaine Detwiler, RN, BSN; Teri Luckenbaugh, RN, BSN, MSN	“Partners Program”
Sydney Wertenberger, RN, MSN, CNAA	Poplar Bluff, MO	Jessi Wilson, MSW, LSC; Timothy Moore; Lanona Crafford, LPN; Kay Fox, RN; Gary Cates; Cathy Helton, RN, RNC-BSN; Kevin Lovette, RN, BSN; Ann Huck; Angela Burris	“Patient Safety Program Across the Continuum of Care”
Sydney Wertenberger, RN, MSN, CNAA	Poplar Bluff, MO	Pamela S. Harris, MD, FAAPM & R; Timothy Moore; Robert McBee; Willie R. Muse, RN, BSN; Lynn Carter; John Garipey; Carol Russo; Betty Hines	“Tele-Major Medical Evaluation Clinic”
Nancy Wiedemer, RN, MSN, CRNP	Philadelphia, PA	Paul Harden, Pharm.D	“The Opioid Renewal Clinic”

** Names were received in response to a national solicitation*

NATIONAL NURSING AWARDS*

American Red Cross, Nurse Hero's Award

Debra Watkins, RN, Staff Nurse, VAMC Dayton, OH

American Organization of Nurse Executives (AONE)-Community Partnership Award

Frankie T. Manning, MN, RN, Nurse Executive, VA Puget Sound Healthcare System, Seattle, WA

National Job Corp Alpha Award (U.S. Department of Interior)

Michael J. Farruggia, RN, Ph.D, Associate Chief Nursing Service for Education, VAMC Boise, ID

National Award for Women Veterans' Coordinator

Cheryl Knowles, RN, Women Veterans' Coordinator, VAMC Bath, NY

US Air Force Aerial Achievement Award

Jack D. Bartley, RN, Emergency Room Nurse, VAMC Martinsburg, WV

American Association of Critical Care Nurses' Circle of Excellence Awards - Mentoring Award

Sofia Puerto, RN, PhD, Clinical Educator, VAMC Loma Linda, CA.

International Association of Forensic Nurses Scientific Assembly - Virginia A. Lynch Pioneer Award

Mary Sullivan, RNC, MSN, CARN, Psychiatric/MH Nurse and Clinical Forensic Coordinator, VAMC Phoenix, AZ

**Names were received in response to a national solicitation*

Office of Nursing Services - VA Central Office



From left to right: Audrey, Cathy, Rose, Mike, Anna, Karen, Becky and Oyweda

- Chief Officer** ■ Cathy Rick, RN, CNAA, FACHE
- Deputy, Program Director-Professional Practice** ■ Audrey Drake, RN, MSN, CNAA
- Program Director-Workforce Development** ■ Rose Paradis, RN, MS, CHE
- Program Director-Technology & Health Systems** ■ Oyweda Moorer, RN, MSN, CAN
- Program Director-Academic & Legislative Affairs** ■ Karen Ott, RN, MSN
- Program Director-Nursing Research** ■ Anna C. Alt-White, RN, PhD
- Program Manager-Special Projects** ■ Michael Grove, RN, MEd, NHA, CHE
- Clinical & Data Management Specialist** ■ Becky Kellen, RN, BSN, MS

Future Innovation Award Themes:



Theme for 2005:

Nurse/Physician Collaboration -- programs or initiatives that demonstrate positive impact on workforce challenges and/or patient outcomes.



Theme for 2006:

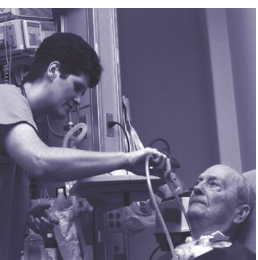
Advanced Clinic Access -- programs or initiatives that demonstrate positive impact by advancing the principles of advanced clinic access.



Theme for 2007

Evidence-Based Practice -- programs or initiatives that demonstrate positive impact developing an evidence-based practice culture.





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"I see a lot more men in nursing. The days when I was the only one in my unit are pretty much past," says Roland Jemerson, (Right) reflecting on his 22-year career as a registered nurse.

Today, he manages the recovery room of the Portland Veterans Administration Medical Center.

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