

"To Care for Him Who Shall Have Borne the Battle and for His Widow, and His Orphan."
Abraham Lincoln, March 1865

Journey of Excellence: Celebrating 75 Years of VA Nursing

Office of Nursing Services - 2006 Annual Report

"To Care for Him Who Shall Have Borne the Battle and for His Widow, and His Orphan."
Abraham Lincoln, March 1865

"To Care for Him Who Shall Have Borne the Battle and for His Widow, and His Orphan."
Abraham Lincoln, March 1865

"To Care for Him Who Shall Have Borne the Battle and for His Widow, and His Orphan."
Abraham Lincoln, March 1865

"To Care for Him Who Shall Have Borne the Battle and for His Widow, and His Orphan."
Abraham Lincoln, March 1865

"To Care for Him Who Shall Have Borne the Battle and for His Widow, and His Orphan."
Abraham Lincoln, March 1865

2005

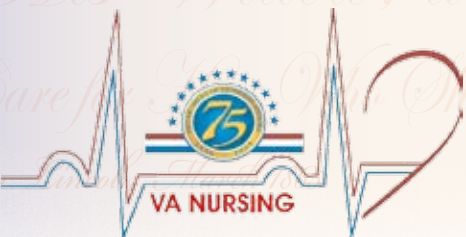
1930



VA Nurses, Staff (Tucson, AZ)



VA Nurses, Interdisciplinary Team (Richmond, VA)



I graduated from the James Martin School of Practical Nursing in March of 1989 and the only place I sought an interview was at the Philadelphia V.A. I wanted to care for Veterans. I had never worked or had to stay in a hospital before so working here with mostly men, men with limbs missing, men with bodies ravaged from the past rigors of war, men with minds ravaged from the memories of the stark realities of war, made my heart swell with sadness, love and respect. I knew these were special people and not all of society understood them, but I did. I am a Veteran. I remember Kathy Gender D.O.N. escorting me to the 6 West medical floor. She asked me if I was nervous and I told her "yes I am." She said "don't worry you'll do fine."

Just Look In His Eyes

*As I came into his room I remember his eyes.
He looked at me with eyes full of apprehension.
He knew I was a "New Nurse,"
And every breath of his life depended on his respirator.
His eyes followed me as I observed the respirator.
The last thing he needed was a rookie!*

*I saw the look in his eyes as I introduced myself, So I let him guide me with his eyes.
My softness of care came from his need for me to be gentle.
My understanding of his fear came from his need to feel valued.
My willingness to have patience came from his need to feel like a man.
And when he just felt like he did not want nursing care that day,
My courage to be firm and comforting came from his need to be healed.*

*I learned to watch his eyes,
And as I watched his eyes he guided me.
I had learned to watch his eyes and the day came, When his eyes let me know he trusted me.
When my day of care came to an end
I would stop by his room to look at his eyes one more time, But they were closed.
He was resting quietly, clean and comfortable.*

*But he sensed my presence,
Opened his eyes, and winked!
I had become a Nurse. A V.A. Nurse.*

*Whenever a "New Nurse" came to our floor, And she was given the "Respirator Patient" to care for,
I would calm her nervousness by saying,
"Don't worry, you'll do fine!"
"Just Look In His Eyes!"*

***Margie Franklin, LPN
Geriatrics Primary Care Clinic
Philadelphia VAMC***



Table of Contents

Office of Nursing Services – 2006 Annual Report

VA Nursing: Yesterday and Today	1
History	1
Workforce Demographics	1
NATIONAL NURSING STRATEGIC PLAN, VHA'S "EIGHT FOR EXCELLENCE" & HEALTH CARE PRIORITIES	4
SAFE HEALTH CARE	5
Technology	5
Safe Patient Handling & Movement Program	6
Institute for Healthcare Improvement "100,000 Lives Campaign"	6
ICU Pilot Project	7
Nothing Left Behind Program	7
VA Nursing "measures up": Target Performance Measures-Safety	7
EFFECTIVE HEALTH CARE	8
Clinical Nurse Leader Initiative	9
VA Nursing Outcomes Database (VANOD)	9
Nursing Research	10
VHA Diabetes & Obesity Programs	10
Care Coordination – Care of the Caregiver	11
Leadership Development	11
Nurse Qualification Standards & Nurse Professional Standards Board (NPSB)	12
VA Nursing "measures up": Target Performance Measures-Functional Status	12
EFFICIENT HEALTH CARE	13
Care Coordination	14
Workforce Retention & Recruitment	14
General Tasks Survey	15
Advanced Practice Nurses	15
Academic Affiliations	15
Pandemic Flu Plans	16
ONS Communication	16
VA Nursing "measures up": Target Performance Measures-ACA principles	16
COMPASSIONATE HEALTH CARE	17
Civility, Respect, and Engagement in the Workplace (CREW) Pilot	18
Pain Management	18
Polytrauma Centers	18
Ethics	18
VA Nursing "measures up": Target Performance Measures-Satisfaction	19
NATIONAL NURSING RECOGNITION AWARDS & PROGRAMS	20
Secretary's Award for Excellence in Nursing	20
Secretary's Award for Advancement of Nursing Programs	20
Office of Nursing Services Innovation Awards	20
National Nursing Awards	23
NATIONAL NURSE EXECUTIVE COUNCIL LEADERSHIP	24

"I may
be compelled
to face danger, but
never fear it, and while
our soldiers can stand
and fight, I can stand and
feed and nurse them."

Clara Barton

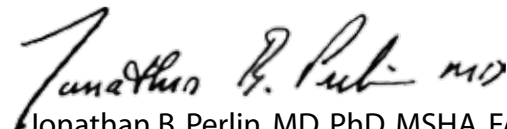
A Message from the Under Secretary for Health Safe, Effective, Efficient, and Compassionate Care



The Department of Veterans Affairs (VA) nursing staff, which includes Registered Nurses, ranging from staff nurses, to clinical educators, nurse managers, and advanced practice nurses; Licensed Practical/Vocational Nurses; and Nursing Assistants/Health Technicians have dedicated their lives and careers to healing the illnesses and injuries of America's greatest heroes - our veterans. Every day, our nearly 61,000 nursing staff do all they can to ensure that the heroes who come to VA for help receive the safe, effective, efficient, and compassionate care they have earned through their service and sacrifices in defense of freedom.

Last year, amidst the devastation of Hurricane Katrina, many of our nursing staff showed that they, too, can be heroes. Their extraordinary support during and after the Hurricane saved countless lives and provided immeasurable comfort to the victims of the storms. Even as the rising waters flooded their own homes, dedicated VA nursing staff stayed on the job to serve others. Thanks largely to their efforts, not one life was lost to the storm among our patients in the Gulf area.

It is my privilege, and my pleasure, to recognize and thank our nursing staff for their expertise, commitment and professionalism. As VA celebrates its 75th anniversary year, I congratulate our nursing staff for their outstanding contributions to our Department's glorious history, and look forward to many more years of nursing leadership and innovation.


Jonathan B. Perlin, MD, PhD, MSHA, FACP
Under Secretary for Health

A Message from the Chief Nursing Officer

Safe, Effective, Efficient, and Compassionate Care



Bold and innovative action is needed to ensure a long-term supply of qualified, compassionate, enthusiastic, and satisfied health care professionals for hospitals and the communities they serve. Throughout the 75 years of VA's journey, nursing staff have been called upon to be visionary trailblazers. In all areas of practice from staff, to first line managers, to clinical executives, consultants, specialists, and researchers, VA nursing staff have strengthened our focus on evidence-based practice and collaborative strategies to provide safe, high-quality care to our nation's Veterans.

To the VA nursing staff: you've been patient focused in determining the best "practice: outcome formula". You've shared the responsibility for bringing core values to life. You've captured the essence of understanding that with a corps of creative and innovative nursing staff, we will constantly move forward to create new paths in the context of the greater good.

This ***Jubilee Edition of the Office of Nursing Services Annual Report*** celebrates the commitment of VA Nursing Staff who support shared action as "the big payoff". I am proud to boast about your contributions and your "can do" attitude. You've demonstrated that "Knowing is not enough; we must apply. Willing is not enough; we must do!" I like to refer to this as a sense of curiosity with a desire to do something about it. This "built-in" sense of curiosity is the "WHY" chromosome that VA nursing staff build their practice on. The Office of Nursing Services will continue to support efforts and celebrate achievements of our VA Nursing staff as your bright lights in many corners across VHA shine the way to move forward.

In my experience, the spirit of VA Nursing is best described by these ten important two-letter words: "If It Is To Be, It Is Up To Me". I'm reminded though that "words to live by are just words unless we live by them". VA Nursing Staff do live by these words! Thank you for all that you do to design, deliver and teach safe, effective, efficient, and compassionate health care for our Veterans.

A handwritten signature in black ink that reads "Cathy Rick RN". The signature is fluid and cursive.

Cathy Rick, RN CNAA FACHE
Chief Nursing Officer

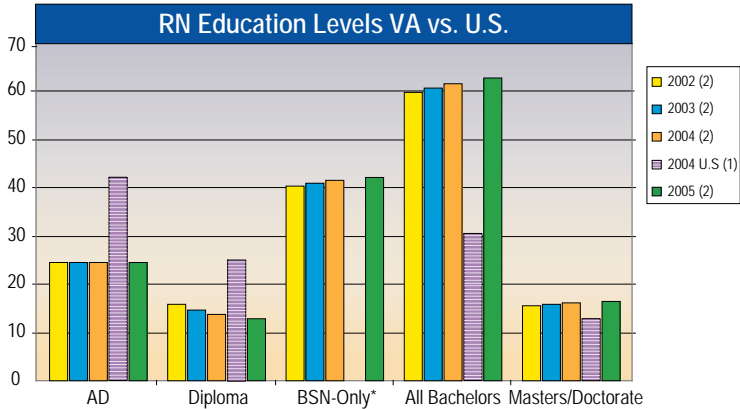


Chart 2

Sources:
 1) U.S. Dept. of Health and Human Services (DHHS) Findings from the National Sample Survey of Registered Nurses, March 2004.
 2) VA PAID data, analysis via Human Resources Data Mart (HRDM), VSSC website (<http://vssc.med.va.gov>), extracted 02/06.
 *DHHS does not distinguish "bachelor's degree" from "BSN" in reporting
 NOTE: US rates reflect level of initial preparation, while VA rates reflect "current" education levels.

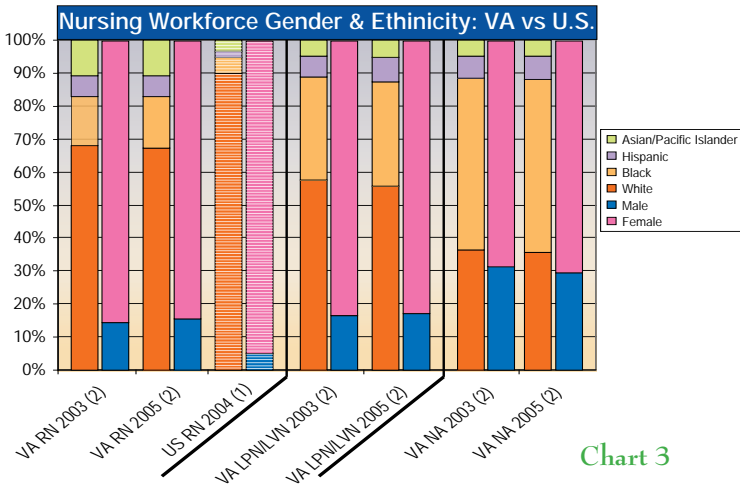


Chart 3

Source:
 1) U.S. Dept. of Health and Human Services (DHHS) Findings from the National Sample Survey of Registered Nurses, March 2004.
 2) VA PAID data, analysis via Human Resources Data Mart (HRDM), VSSC website (<http://vssc.med.va.gov>), extracted 02/06.

- » VHA has a long history of being the employer of choice for men and ethnic minorities in nursing [see Chart 3]
- » On average, our nursing workforce is older than the private sector (RN avg age = 49, U.S avg age = 46.8; Licensed Practical/Vocational Nurse (LPN/LVN) avg age = 46.7; Nursing Assistant (NA) avg age = 46.2) and more nurses are reaching retirement eligibility each year. [see Chart 1]

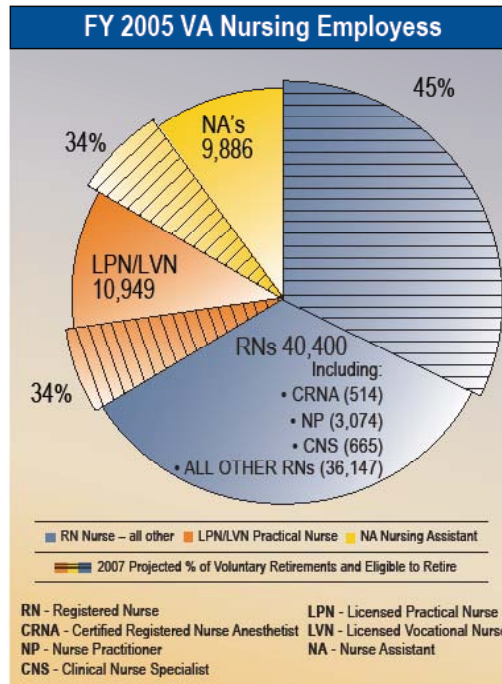


Chart 1

Source:
 VA PAID data, analysis via Human Resources Data Mart (HRDM), VSSC website (<http://vssc.med.va.gov>), extracted 02/06

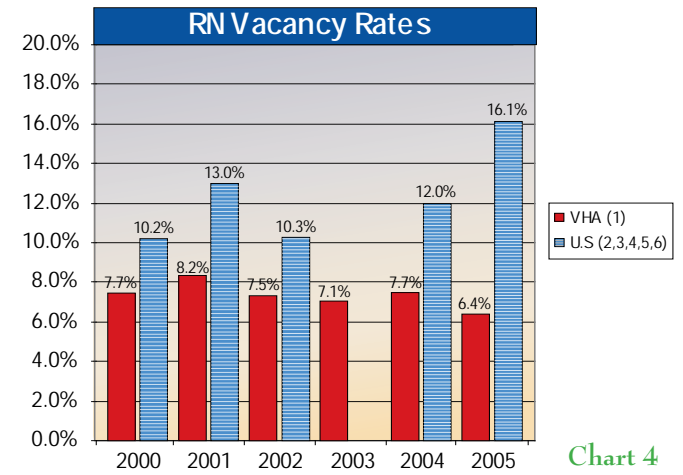


Chart 4

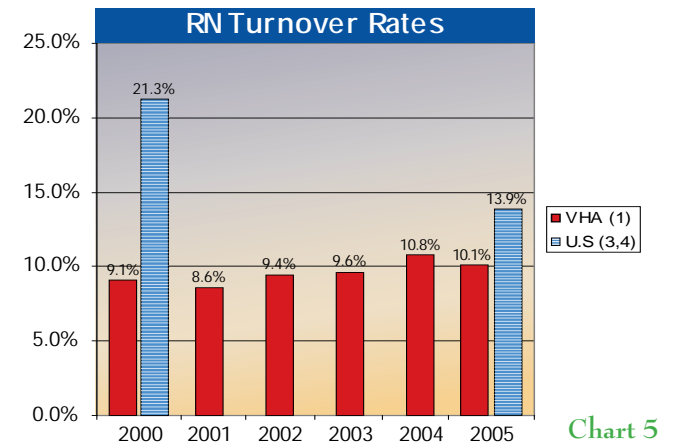


Chart 5

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

"For 75 years, VA nurses have been the foundation upon which a caring, safe, and high quality veterans' health care system has been built."

Charleen R. Szabo, FACHE
 Network Director

- » Vacancy and turnover rates fell in 2005 and were below national averages. However, there are continued efforts to develop and implement strategies to address ongoing workforce challenges. [see Chart 4-5]
- » VA provides a variety of tuition and/or loan assistance programs to individuals pursuing education in health related careers. Individuals pursuing nursing degrees have received the majority of the awards under the Employee Incentive Scholarship Program (EISP) and half of the awards under the Education Debt Reduction Program (EDRP). For additional information on these and other programs, please visit the following website: http://www.vacareers.va.gov/l2_assistance.cfm [see Chart 6]

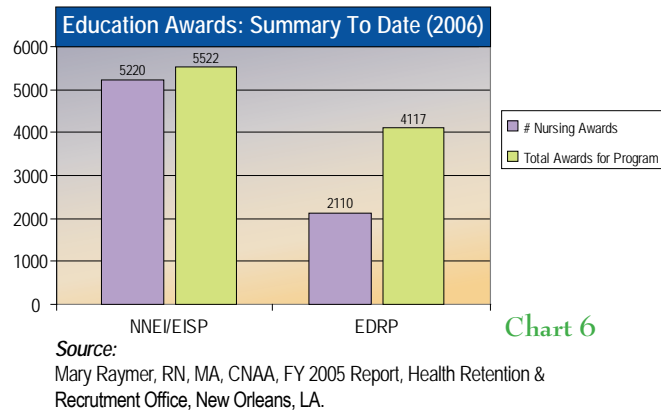


Chart 6

The Veterans Health Administration (VHA) is committed to a vision for an integrated healthcare delivery model that is patient-driven.

Excellence in health care, research, education, work environments, community partnerships and back-up for national emergencies are key aspects of VA's mission. In describing this vision, VA's Under Secretary for Health defines four essential priorities: safety, effectiveness, efficiency, and compassion. VHA has long endorsed a performance measurement system that evaluates and summarizes organizational performance. The measures are selected based on organizational priorities, clinical relevance and current evidence. Each member of the healthcare team, from front-line staff to upper management, plays a significant role in ensuring desired outcomes for patient-driven care. Nurses, working as individuals and as members of interdisciplinary teams, achieve positive outcomes ensuring patient safety and quality care. VA Nursing Staff working across the continuum of care (from acute care, to ambulatory, rehabilitation, extended care, and home based care), all make significant contributions in transforming the culture of the healthcare environment, re-inventing healthcare models, and improving nursing practice.

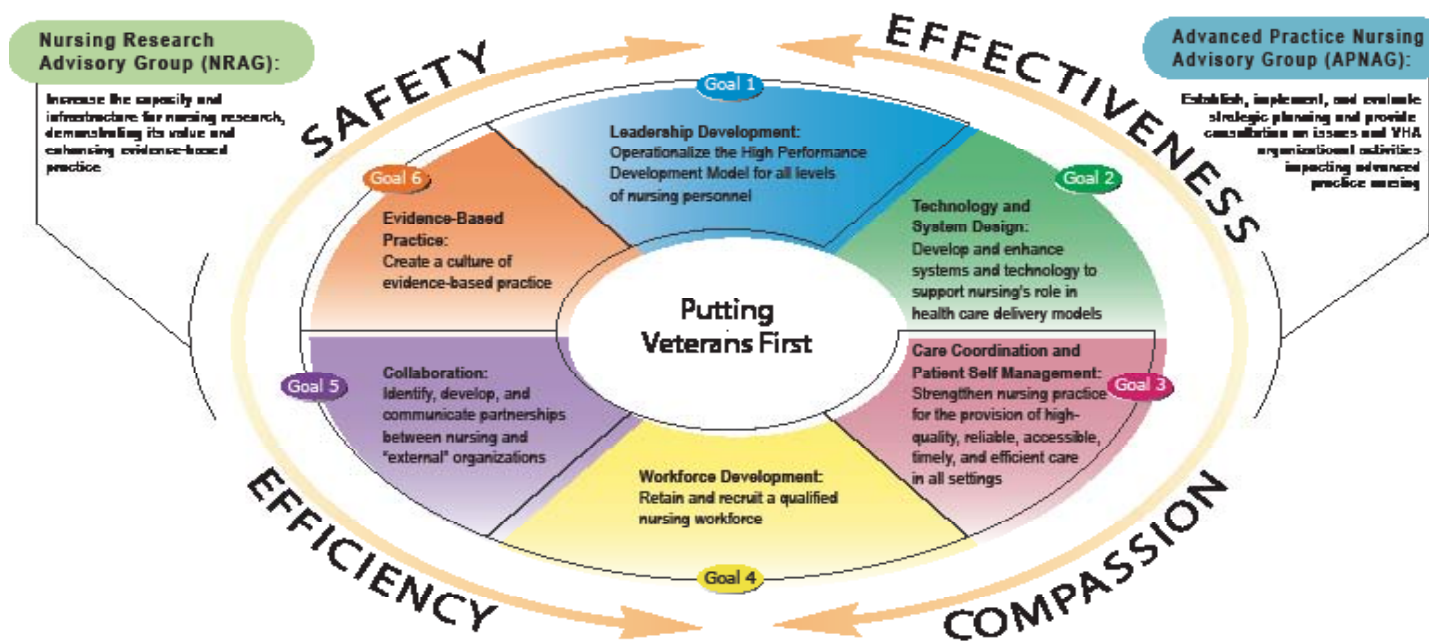
As we celebrate the Department of Veterans Affairs 75th Jubilee anniversary, we are proud of what VA nurses have accomplished and we know that the curiosity, dedication, and "can do" attitude that define VA nurses will promote the pioneering spirit that creates optimal safety, effectiveness, efficiency, and compassion for our veterans. We will revisit some Nursing milestones over these past 75 years and describe current activities and initiatives on this "journey of excellence" as we highlight the pivotal role of nursing in achieving VA's performance improvement, accomplishing VA's core priorities and advancing the goals of the National Nursing Strategic Plan. The National Nurse Executive Council (NNEC) and its workgroup members work closely with nurses representing all levels of the organization to leverage the expertise of our nursing corps to inform and implement strategic initiatives for the betterment of VA Nursing Service and patient care.

This 2006 Annual Report focuses on VHA's four priorities: Safe, Effective, Efficient, and Compassionate Health Care. **Figure 1** depicts a conceptual framework for the close interplay of the National Nursing Strategic Plan and VHA's four priorities. These four priorities are aligned with VHA's strategic goals "Eight for Excellence".



NATIONAL NURSING STRATEGIC PLAN 2003 – 2007

Figure 1



Veteran's Health Administration - Health Care Priorities

Strategic Goals	Health Care Priorities			
Eight for Excellence:	Safe	Effective	Efficient	Compassionate
▶ Continuously improve the quality and safety of health care for veterans, particularly in those health issues associated with military service.	x	x	x	x
▶ Provide timely and appropriate access to health care by implementing best practices.		x	x	
▶ Continuously improve veteran and family satisfaction with VA care by promoting patient-centered care and excellent customer service.		x		x
▶ Promote diversity, excellence, and satisfaction in the workforce and foster a culture which encourages innovation.		x	x	
▶ Promote excellence in business practices through administrative, financial, and clinical efficiencies.		x	x	
▶ Focus research and development on clinical and system improvements designed to enhance the health and well-being of veterans.	x	x	x	
▶ Promote excellence in the education of future health care professionals and enhance VHA partnership with affiliates.		x	x	
▶ Promote health within the VA, local communities, and the Nation consistent with VA's mission.	x	x	x	

SAFE HEALTH CARE

Reducing staff fatigue due to extended work hours and automating workflow have proven to have a positive impact on patient and staff safety.



1939

The eight hour work day and 48 hour week replaced the standard 12 hour, six day work week for VA nurses. Their work week was further cut to 44 hours in 1940, a step well ahead of community hospital standards.

1960's

The emergence of new technology brought forth advancements in equipment and highly technical diagnostics. Nurse preceptorship training programs were introduced to prepare VA leaders in nursing administration, technology, and education.

1980's

Decentralized Hospital Computerized Patient Record System (DHCP) was implemented as a stand-alone system.

1990's

With the implementation of computerized patient record system (CPRS) and bar code medication administration (BCMA) program, VA nurses become key drivers for testing, implementation, and improvements in patient care delivery systems.

Recent Initiatives

VA has strategically evolved, over the years, improving the quality and safety of care to our patients and setting standards for the nation. Health technology has exploded in the last decade, while keeping patient and staff safety as top priorities. Nursing documentation systems are being designed with an understanding of workflow and practice. Systematic metrics are being built into a system for analysis and decision-making, guided by patient and staff indicators. Nursing staff have played a major role in the design and implementation of these technological advancements. Nursing staff participation in the development of computer applications has been enhanced and facilitated through an organized systematic approach.

Technology (goal 2)

- » Advances in technology and system design support the work of nurses' impact on patient safety in care coordination, performance measures, and core clinical indicators (CCI), such as the intensive care ventilator acquired pneumonia, central line infection and acute myocardial infarction bundles. Nursing care is essential for long term management and prevention for conditions such as congestive heart failure (CHF), tobacco use, and flu and pneumonia immunizations. Templates integrated into the nursing assessment (admission/discharge) capture patient education for tobacco counseling and CHF discharge instructions, documenting care and meeting performance measure. Nurses have made a major impact



"I have repeatedly been proud to share VA nursing practice achievements and innovations with community nursing leaders and academic partners. The magnitude of VA Nursing changes, in patient safety and evidence-based practice, warrant significant attention at an international level."

Jeanette Criswell
RN, MSN

on meeting and exceeding standards for breast cancer screening and the nursing home care unit Minimum Data Set (MDS).

- » Bar Code Expansion (BCE) Project will have applicability in several arenas such as: specimen label production, blood transfusions, vital signs and intake/output (I & O), “Code Blue” events, CPRS look up, and medication administration. These applications will utilize a handheld wireless computer/scanning device, which will communicate with Veterans Health Information System’s Technology Architecture (**VistA**) real time, verify patient identity, and capture documentation electronically.
- » CPRS re-engineering and redesign, with the involvement of front line users (clinicians), will result in a new and improved CPRS that allows for: ICU equipment connectivity; customization to reflect clinical care & safety; and documentation designed to match clinical workflow. These changes will result in increased patient safety, software usability, & data standardization (Health Data Repository) for integrated, consistent, comparable, longitudinal patient health records across the system.
- » BCMA enhancements will improve standardization of equipment & bar codes, new functions with PRN medication charting, medication administration views (discontinued, expired and future meds), and best practice models for e-medication management.
- » A **VistA** Imaging enhancement will provide each facility with the ability to remotely view all images captured by **VistA** Imaging.
- » Combined efforts of nursing workgroups with membership representing clinicians, researchers, and managers, have developed, refined and standardized data elements for resource management requirements such as staffing methodology and personnel budget projections.
- » The national Nursing Clinical Information Systems Group ensures nursing representation for multiple interdisciplinary information technology work groups such as Care Management, Vital Signs, Flow Sheets, ICU connectivity and all others that involve automating nursing work flow processes and practice. Each VISN has a nursing representative on this workgroup.

Safe Patient Handling and Movement Program (goal 4)

VA Nursing has prioritized the prevention of musculoskeletal injuries to nursing staff in collaboration with national nursing and specialty organizations. The American Nurses Association launched the “Handle with Care” campaign in 2003 to focus education and research efforts on this topic. The VA Patient Safety Center of Inquiry (Tampa, FL) has created and tested a series of activities known as the Safe Patient Handling and Movement (SPHM) program and ONS is supporting this program as a top initiative for FY2006. These SPHM programs have been found to decrease the number and severity of nursing injuries, while improving job satisfaction and patient quality of care and quality of life.

Institute for Healthcare Improvement (IHI) “100,000 Lives Campaign” (goal 6)

In December of 2004 the Institute for Healthcare Improvement launched the 100,000 lives campaign through the implementation of six evidence-based practice initiatives. VA nurses are implementing initiatives for:

1. Prevention of Ventilator Associated Pneumonia
2. Prevention of Blood Borne Infections due to central lines
3. Prevention of Surgical Site Infections
4. Implementation of Rapid Response Teams
5. Prevention of Adverse Drug Events through medication reconciliation
6. Optimization of care for patients with Acute Myocardial Infarctions

From April through October 2005, one facility was able to reduce the number of codes occurring outside the ER and ICU from 52% to under 20% by implementing a Rapid Response Team consisting

of an ICU RN, respiratory therapist and chief resident. BCMA continues to assist in the prevention of adverse drug events and helps to identify additional areas for process improvement. Targeted nursing interventions have reduced infection through hand washing, ventilator weaning, and timely antibiotic administration, thereby advancing several of the IHI goals.

ICU Pilot Project (goal 6)

Six VISNs are involved in a pilot to create benchmarks for risk adjusted mortality rate and length of stay rates for ICU patients based on a three year database. This represents about 25% of VA's ICU beds. An early finding is that better patient outcomes were seen in those units where evidence-based practice guidelines were utilized, such as tight control of glucose. VA ICU clinicians, managers and nurse executives are partnering with information technologists and others to examine ICU processes and documentation challenges that contribute to patient flow.

Nothing Left Behind Program (goal 6)

An Operating Room (OR) Nurse Manager, working with a small interdisciplinary group, staff from National Center for Patient Safety, and staff from the Surgical Strategic Health Care Group of Patient Care Services,

identified the need for standardized protocols for methodical tracking of OR materials and wound exploration to prevent retained foreign objects. A VHA Directive will provide guidance on procedures, staffing, and processes for OR patient safety requirements.

Alternate Work Schedules

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

• **Alternate (“Flexible”) work schedules:** Medical Center Directors now have the authority to use this retention and recruitment incentive when faced with workforce challenges in locally competitive markets. The Medical Center Director has the option of applying one or both flexible schedules to RNs who work in areas that are hard to retain/recruit (e.g., ICU, OR, or Med-Surg), based on the needs of the facility to compete in local markets.

- o **Flex Schedule #1 - [Full-Time option]** RNs work three regularly scheduled 12-hour tours of duty within a work week, which will be considered, for all purposes, a full 40-hour basic work week.
- o **Flex Schedule #2 [Part-Time option]** RNs work a full-time (40 hr) schedule for nine months of the fiscal year and are off duty for three months. They are paid 75 percent of the full-time rate throughout the entire fiscal year (This cycle is similar to the traditional pay cycle for educators).

NOTES:

- * The VA is committed to monitoring/preventing direct care RNs working hours that exceed 12 consecutive hours in one shift or 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 publication of Departmental Policy.

VA Nursing “measures up” Target Performance Measures

Safety is integral to everyday business of VA health care...the right care/medication/treatment provided to the right patient at the right time.

- » VA has a Patient Safety Reporting System (<http://psrs.arc.nasa.gov/flashsite/index.html>) for adverse events, working in partnership with NASA. Staff are encouraged to report “near miss” events to help identify issues or processes that need to be addressed.
- » VA nurses reduce the incidence of nosocomial infections with hand hygiene and limit post-operative complications with timely administration of perioperative antibiotics.
- » Nurses are instrumental in identifying the need to initiate and discontinue appropriate medications in the treatment of acute and chronic conditions.

EFFECTIVE HEALTH CARE

Best practices for healthcare delivery models are influenced by numbers, types and assignments in direct care, research, education, and administrative roles. Evidence-based practice is the framework for effective care.

1946

Public Law 79-293 (Title 38 U.S.C.) was passed to reorganize and modernize the VA health care system. It removed VA nurses, physicians and dentists from Civil Service, placing them in a designated "Title 38" personnel system under unique and specific personnel policies. Under this system, VA nurses are compensated according to experience, education, and competencies.

1950's

Continuing education became a hallmark of VA nursing. VA's first chief of nursing education was appointed. Affiliations with schools of nursing expanded, resulting in a steady growth in the number of nursing students receiving VA clinical experience.

1963

VA was first to establish hospital based positions for doctorally prepared nurse researchers, formalizing the research function within VA Nursing Services.

1976

The ratio of nursing assistants to registered nurses changed; RNs outnumbered nursing assistants in VA for the first time.

1990

VA Learning Opportunities Residency Training Program (VALOR) was created to attract the best and brightest nursing students to VA.

1994

VA medical facilities were authorized to restructure the position of Chief of Nursing Service, to that of Associate Medical Center Director for Nursing (or Patient Services) with equal status to the Associate Medical Center Director and Chief of Staff.

1995

The Nursing Research Initiative was developed to expand VA nursing research capacity.

2002

The Office of Nursing Services was organizationally elevated, reporting directly to the Under Secretary for Health in the Veteran's Health Administration.

Recent Initiatives

VA continues to gain recognition for its commitment to quality care and nursing excellence—Houston VAMC achieved the American Nurses Credentialing Center (ANCC) Magnet Recognition™ for Excellence in Nursing Services in 2004 and Tampa VAMC achieved re-designation as "Magnet" in 2005. VHA Nursing has embraced Magnet principles across all sites of care. To facilitate implementation of Magnet principles, the following initiatives were pursued:

- » \$10,000 grants were awarded to applicants whose projects met criteria to further the enhancement of the Magnet culture at their worksite (2004).



EFFECTIVE HEALTH CARE

- » a business case and tool kit for Magnet Designation was created to endorse the Magnet concept; (vaww.va.gov/nursing)
- » Monthly conference calls provide a forum for sharing best practices across VHA.

The Office of Nursing Services initiated an Innovations Award Program in 2003. This program recognizes nursing leadership for innovative programs or initiatives in performance improvement. 2005 recipients are recognized for advancements in nurse/physician collaboration in [see pg. 20]. VA nurses have taken on expanded responsibility in clinical and administrative leadership.

Clinical Nurse Leader Initiative (goal 5)

- » The Clinical Nurse Leader (CNL) pilot project is a collaborative partnership with academic affiliates which is projected to impact current and future patient care delivery models and evidence-based practice.
- » To date, the project has resulted in:
 1. a national pilot project partnership with American Association of Colleges of Nursing (AACN);
 2. development of CNL positions;
 3. national CNL competency validation program;
 4. CNL orientation video;
 5. appointment of VA staff to AACN workgroups; and,
 6. a CNL pilot evaluation in collaboration with AACN.

VANOD (goal 6)

The VA Nursing Outcomes Database (VANOD) Program was launched to build a national database of clinically relevant, nursing-sensitive quality indicators that support strategic decision-making through internal and external benchmarking for all patient care areas. The current database of

"I enjoy working for the VA because it is an environment of innovation and learning. It is patient centered and employee friendly."

Connie Duvall, RN
Staff Nurse

seven acute care nursing-sensitive indicators (patient falls, pressure ulcers, patient satisfaction, staff musculoskeletal injuries, staff satisfaction, staff mix, and hours per patient day) is undergoing a national rollout.

- » Five work groups, composed of nurse researchers, clinicians, and stakeholders, were created to prioritize, identify and develop additional nursing-sensitive outcome and workload indicators (administration dashboard) for ambulatory care, long-term care, mental health, rehabilitation, and spinal cord injury.
- » An ICU patient complexity (acuity) system is being built into CPRS to be used for nurse staffing decisions and will be tested for application in all patient care areas.

Note: For more information on VANOD, visit <http://vaww.collage.research.med.va.gov/collage/VANOD/>

VANOD Impact on EBP

The clinical and administrative data that is gathered as part of VANOD indicates the performance of a unit, a hospital, a VISN, and/or the system. As similar units and facilities compare patient outcomes (pressure ulcers, falls, patient satisfaction) and their staff outcomes (HPPD, skill mix, RN satisfaction, and nurse musculoskeletal injuries), they will be able to determine "best practice" benchmarks. These benchmarks then impact the nursing process and staffing patterns. As new indicators are added this capability will be expanded. VANOD will support data driven decisions for clinical practice and staffing methodology. VA nurses are expanding VANOD with their daily efforts and learning how nursing practice and staffing decisions impact patients and staff for continuous improvements in our practice.

"I remain impressed with this talented group of professionals who are now even more on the "cutting edge" of nursing and medical practice and using the most modern "systems" to give even better, safer care to our Veterans."

Creighton B. Wright
MD, MBA, FACS, FACC
Chief of Staff

Nursing Research

Within an interdisciplinary 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. The Nursing Research Advisory Group (NRAG) provides national guidance on these activities.

VA Nursing Research Agenda

Special populations of interest are veterans with:

- Deployment-related Health Disorders
- Post Traumatic Stress Disorder (PTSD)
- Substance Use Disorders
- Mental Health Disorders
- Traumatic Brain Injuries
- Amputations
- Aging and Age-related Changes
- Underserved, high risk populations, e.g. women, homeless
- Stroke
- Chronic Illnesses
- HIV
- Spinal Cord Injuries
- Sensory Disorders & Loss (esp. Blind Rehabilitation)

Within these special populations, the VA nursing research agenda includes:

1. Maximizing the physical, mental, and social functioning of veterans and improving their quality of life.
2. Improving patient safety and health outcomes through nursing practice.
3. Evaluating patient care delivery models and nursing systems of care.
4. Evaluating models for translation/implementation of evidence-based practice.

VA Nurse Researchers continue to be involved in:

- » Nursing Research Initiative (NRI) grants, VA grants, career development awards and extramural funding
- » Investigator roles in Centers of Excellence and Quality Enhancement Research Initiative (QUERI) programs
- » Reviewer roles on VA study sections, and NRI study section panels
- » Criteria for career progression in nursing research
- » Mentorship for pre- and post-doctoral fellow and novice investigators
- » Research support for national nursing projects: Clinical Nurse Leaders, APN satisfaction survey, VANOD, Transforming Education Affiliations for Clinical Horizons (TEACH)
- » Enhancement of evidence-based practice

The Office of Nursing Services is providing support to expand nursing research capacity within VHA and seeking to advance nursing science. A program announcement was released in March 2006 outlining the opportunity for nurse investigators to obtain pilot research funds to provide preliminary data for future federal grant applications.

VHA Diabetes and Obesity Programs (goal 3)

VA and the Department of Health and Human Services (HHS) launched the "HealthierUS" campaign to promote nutrition, exercise, education, preventive medicine and weight loss. VHA is combining national Diabetes and Obesity program components into a coordinated effort, "HealthierUS Veterans", to combat the twin threats of obesity and diabetes. Of the 7.5 million veterans receiving VA health benefits, more than 70 percent are obese and one out of five has diabetes. Components of the joint program include:

- » **VA's Diabetes Program:** This program offers provider and veteran resources (evidence based guidelines, patient education materials, professional resources, patient references and updates on evolving issues related to diabetes mellitus/agent orange and diabetes mellitus/obesity).

- » **“Prescriptions for Health”:** VA Nurse Practitioners (NP), Physician Assistants (PA) and physicians will be writing “prescriptions” that promote increased physical activity and encourage the use of pedometers and wheelchair odometers to track progress.
- » **“Fit for Life Volunteer Corps”:** This corps of volunteers includes veterans and their family members to provide leadership in their community by speaking to local groups, leading fitness activities and/or serving as a “health buddy.” VA nursing staff may serve as volunteer supervisors for Corps Volunteers.
- » **Steps to a Healthier US:** VAs are partnering with local Steps programs utilizing media and worksites to increase interest and awareness in a healthier lifestyle.
- » **“Managing Overweight/Obesity for Veterans Everywhere (MOVE!)”:** This multidisciplinary weight management program emphasizes lifestyle changes and provides guidance to individuals regarding nutrition and activity behavior changes. **MOVE!** has also been adapted for use with staff (**MOVEemployee!**).

VA nurses coordinate diabetes and obesity programs throughout the system (at least 1/3 of **MOVE!** Coordinators are nurses). They also provide education and counseling to veterans and colleagues in employee health programs. VA nurses ensure that the appropriate screening, counseling, and care are delivered and often manage the clinical reminder data entry requirements.

Care Coordination—Care for the Caregiver (goal 3)

The Office of Nursing Services has worked closely with the Patient Care Services Care Coordination Office to address needs of caregivers through:

1. Development of a staff training module on how to support caregivers;
2. Development of a practice guideline for staff to use in identifying and facilitating referrals that result in keeping patients at home longer, through partnerships with community groups; and
3. Development of a national campaign to raise awareness of caregiver needs.

Leadership Development Programs (goal 1)

» Nurse Manager Core Curriculum

The Nurse Manager Core Curriculum was developed to provide guided education to nurse managers and others interested in leadership roles. The Curriculum is located on the ONS website, readily accessible to all nursing staff, and CEUs are associated with each chapter. See <http://vaww1.va.gov/nursing/docs/NurseManagerCore.Updated.October.2004.doc>

» Nurse Manager Leadership Development Pilot

A VA Nurse Manager Leadership Development program was created and is in the pilot phase in VISN 17. The three, week-long sessions will provide VA-specific leadership training to nurse managers. Once established, the program will be available to all VISNs throughout VA.

» Nurse Executive Mentor/Mentee Program

The Nurse Executive Mentor/Mentee Program was developed to provide guidance and support to Nurse Executives new to their role or new to the VA.

» Nurse Executive Fiscal Accountability

Education in fiscal and budgeting principles for Nurse Executives is being addressed through development of a syllabus. VA Learning Online (VALO) courses have been identified as basic building blocks for developing fiscal competencies.

“I found my dream job in the VA and have been living it for the past six years! Imagine starting as a staff nurse and now leading the nursing workforce in the delivery of safe and quality care. Our country's heroes are exposed to leading-edge technology [and] well-educated, compassionate nursing staff that allow us to achieve outstanding results.”

Lizabeth M. Weiss, RN, MSN, CNA
Associate Director, Patient Nursing Services

Nurse Qualification Standards & Nurse Professional Standard Board (NPSB) (goal 1)

- » NPSB Education Tools have been standardized for use, in education programs by VISN NPSB Consultants, regarding the following topics (more to follow in 2006):
 - ✘ Proficiencies Templates
 - ✘ Executive Career Field (ECF) performance plans & appraisal templates
 - ✘ Nurse Qualification Standards (NQS) FAQs
 - ✘ Nurse Professional Standards Board requirements
 - ✘ LPN-LVN Standards Boards requirements
 - ✘ Nurse II characteristics
 - ✘ Nurse III characteristics
 - ✘ Graduate Nurse Technician (GNT) NPSB criteria
- » National Qualification Standards (NQS) & NPSB have gone eWeb for 2006-2007:
 - ✘ Standardized NQS & NPSB Educational tools referenced above will be available on COLLAGE (http://vawww.collage.research.med.va.gov/collage/n_npsb/community_N_npsb.asp)
 - ✘ On-line NPSB course for annual competencies is in development — <http://vawww.sites.lm.va.gov/npsb/start.html>
 - The first module designed for NPSB chairs went live in March 2006.
 - Other modules will follow for: NPSB Members, HR Technical Advisors, Nurse Executives, Directors, All RNs, All LPN/LVNs.

Communities On Line Learning And Gathering Evidence (COLLAGE) is a web-based, interactive set of communication tools that allow virtual communities to meet and collaborate online. NPSB has created a site on COLLAGE that includes a library of tools, a discussion board for FAQs, and a portal to NPSB competency exams.

- » VA Central Office Nurse Professional Standards Board.
 - ✘ Membership includes VA Central Office (VACO) and field nurses representing grades Nurse III-Nurse V.
 - ✘ VACO NPSB provides peer review for VISN and CO leadership positions (Nurse IV & V), promotion reconsiderations and education waivers (all grades), as well as all Nurse Executive appointments.
- » Changes to the LPN/LVN (hybrid-38) Board structure and process are to be addressed in 2006.

VA Nursing “measures up”: Target Performance Measures



The performance measures in the functional status domain focuses on rehabilitation and non-institutionalized care. Nursing collaborates with rehabilitation staff (PT, OT, Speech Pathology, etc.) to ensure that new stroke, amputation and traumatic brain injury patients receive their initial assessment, coordinated plan of care and documentation of the Functional Independence Measure (FIM). Non-institutionalized care involves programs such as Home-Based Primary Care, Community Home Health Care, Respite, Spinal Cord Injury Home Care, and VA Adult Day Health Care. VA nurses' ability to assure care coordination, to collaborate with multiple interdisciplinary teams, to facilitate programs and apply the nursing process of care, all contribute to meeting and exceeding the targets for these desired treatment plans. Ultimately, VA prioritizes functional status as a performance indicator because it creates incentives to ensure that critically ill patients receive the necessary services to optimize their state of health, and to facilitate patient and caregiver respite impacting higher satisfaction and lower costs. In this era of injured veterans from Afghanistan and Iraqi conflicts, the need to provide and track effective functional status processes is critical.

“Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation, as any painter's or sculptor's work; for what is the having to do with dead canvas or dead marble, compared with having to do with the living body, the temple of God's spirit? It is one of the Fine Arts: I had almost said, the finest of Fine Arts.”

-- Florence Nightingale, 1890's

EFFICIENT HEALTH CARE

VA Nursing is the backbone of innovative health care delivery approaches. Care is optimized by focusing on education and shared decision-making with patients for their medical conditions and wellness process. These organizational changes improve the efficiency of a system of caring for more and more veterans each year.



1930's

During the early '30s, a special category of VA "follow up" nurses visited veteran patients at their homes in rural, isolated areas. This forerunner of today's home, health care system was curtailed because of lack of funding during the Great Depression.

1960's

VA hospital affiliations with schools of nursing mushroomed. VA introduced nurse intern and nurse residency programs.

1969

VA instituted a hospital based home care program in 1969 to care for chronically ill and elderly patients at home in a family environment. Nurses in the program were frequently nurse practitioners trained at the master's degree level.

1970

First VA nurse anesthetist school opens in Des Moines, IA.

1973

Nurse Practitioners were appointed as primary care providers; Clinical Nurse Specialist roles also expanded. VA nurses were performing a wider variety of health care functions than ever before through a growing number of nurse administered patient care units and satellite clinics.

1980's

Recruiting and retention became watchwords of VA Nursing Service in the '80s in response to the regional and national nurse shortages that characterized the decade. VA instituted a wide range of scholarship and tuition assistance programs to attract new nurses and boost employee career commitment.

1980

Seven VA medical center nurse recruiters met at a New York nursing job fair. This first meeting of recruiters developed into a national network representing most VA medical centers during the 1980s.

1984

VA developed the nursing administration practicum program for students enrolled in master's degree programs in nursing administration.

1996

VA health care system was transformed into an outpatient-based, primary care health network, doubling the need for VA nonphysician providers. Nursing Service established a national work group to increase the number of advanced practice nurses.

1998

The Department of Defense Uniformed Services University of the Health Sciences (USUHS) and VA entered into a cooperative nurse practitioner program using distance learning capabilities.

1999

Advanced Clinical Access (ACA) emerges as a new initiative aimed at improving access to care; patient, staff and provider satisfaction; efficiency, while decreasing cost. ACA is a set of scientifically based principles that enable staff to examine and redesign their health care delivery processes.

2003

USUHS and VA launched a cooperative doctoral nursing program.

Recent Initiatives

ONS announced ACA as the focus for the 2006 Innovation Awards. VA health care teams, led by nurses, submit innovative programs or initiatives that demonstrate positive impact by advancing the principles of advanced clinical access.

Care Coordination (goal 3)

Nursing specific initiatives have focused on furthering patient self-management, advanced clinical access and health promotion. National Nursing workgroups developed patient and staff education materials that have been published and shared in multiple national nursing leadership venues.

- » Patient resources include: *Speak Up, Personal Health Guide, Wellness Guide, VA Library Network Consumers Health Website, Prepare*, and a *Literature Review on Patient Self-Management*.
- » Nursing Staff resources include: *A Primer for Advanced Clinical Access (ACA), Care Coordination, and Patient Self-Management: A Collaborative*; and a tool for health promotion has been identified *Commonalities of Health Promotion and Chronic Disease Management*.
- » Future plans include helping to define patient self-management, develop metrics and further training materials and integrating these concepts into ACA. This work will be done in collaboration with the offices of Health Promotion and Disease Prevention (HPDP), Patient Care Services (PCS) and the recently launched Veterans Health Education and Information (VHEI) office.

Workforce Retention & Recruitment (goal 4)

“VA - Keeping the Promise to those who served”

National Nursing Campaign Slogan

- » Efficiency of an organization is impacted by the quality and size of its workforce. ONS has addressed this issue by focusing on retention (staff satisfaction, staff recognition, and work environment) recruitment (improving hiring process, outreach activities for high school students, scholarship and loan programs, etc.)
- » VA recruiters developed a standardized hiring process for nursing staff within Veterans Health Administration (VHA) that is now “best practice” hiring standard for nurses. The process includes strategies to meet identified challenges, cut through barriers, and effectively reduce hiring delays system-wide.
- » Proposed **VA Travel Nurse Corps (TNC) Pilot Program** will be considered in 2006. The VA TNC is an innovative retention and recruitment program and a potential cost effective method to reduce supplemental staffing (agency) expenses. There are five objectives for the VA Travel Nurse Corps Pilot Program: Increase retention, recruitment, workforce satisfaction, quality improvement, and cost effectiveness. Current VA RNs and new hires would be recruited for this program.

- » A Veterans Affairs **High-school Outreach Nursing Opportunity Residence (HONOR)** program is being developed based on earlier prototype programs at the VA Salem and VA Puget Sound Healthcare Systems to recruit young talent into the nursing profession. A toolkit to implement this program and possible start-up funds are being developed.

“Throughout my career I have found the best way to find out how our system is working is to ask the nurses involved.

While I have never regretted listening to a nurse, I have regretted when I didn't take the time to seek their involvement.”

Clyde Parkis
Network Director

- » Additional planned initiatives include:
 - ❑ Evaluate options for a VA Nursing Scholarship Program for potential VA employees.
 - ❑ Revise National Program directives to incorporate facility/VISN employee recognition strategies.
 - ❑ Options to increase outreach activities for under represented minorities, veterans, and nurses who are leaving their military services careers.

General Tasks Survey (goal 4)

Staff nurses and nurse managers are asked for their opinion on the frequency of tasks that impact time available for professional responsibilities. These general tasks occupy critical time and impact efficiency for patient safety and quality of care by taking nurses away from critical RN responsibilities such as surveillance, care coordination, patient/family education and discharge planning activities. Data from the General Tasks Survey will be used by facilities to develop plans for potential options to realign work to appropriate occupational groups.

Advanced Practice Nursing (APN)

ONS chartered the Advanced Practice Nursing Advisory Group (APNAG) to examine issues affecting APN practice, utilization, retention and recruitment, and workload capture. Communication strategies and APN practice tools are enhancing the role of APNs in VA:

- » APNs hold membership on key national NNEC groups and have formal mechanisms for communicating with the Nurse Executives and various services in their respective facilities.
- » APN Mentoring toolkit is currently available; the Algorithm for Credentialing and Privileging is being developed.
- » First national APN conference is being planned for 2006 and will promote collegial relationships throughout the system.

- » VA APN Survey produced the following results:
With a 61% response rate, sample consisted of primarily middle-aged (men = 49 yrs), full-time (92%), Caucasian (83%), Master's prepared (95%) nurse practitioners (76%) and clinical nurse specialists (16%). Main areas of satisfaction for the sample as a whole included *Benefit Package, Level of Autonomy, and Challenge in Work*. The predominant areas of dissatisfaction were: *Amount of Administrative Support, Input into Organizational Policy, and Monetary Bonuses in Addition to Salary*. Seven barriers to practice were identified:

1. too many non-APN tasks (56.1%);
2. lack of administrative support (43.3%);
3. inadequate time to do research activities (35.2%);
4. inadequate time for patient care (29.6%);
5. external limits on my scope of practice (17.1%);
6. quality of communication with MDs (13.6%); and
7. level of personal comfort with skills (5.8%).

Academic Affiliations (goal 5)

VA Nursing is seeking methods to improve academic partnerships, in order to enhance the VA work environment, recruit future VA nurses, expand options for veteran-centric research, and support academia in their efforts to educate future nurses. ONS announced a program in March, 2006 to support academic affiliation projects, entitled Transforming Educational Affiliations for Clinical Horizons (TEACH). The TEACH program offers VA facilities and nursing school affiliates the opportunity to creatively design and implement innovative models of practice using all available resources between the VA and the affiliate. First year funding is available for the pilots which should include the following characteristics:

- » Using expanded model for clinical team training.
- » Integrating multiple disciplines.

- » Highlight nurses and physicians as key practice partners.

Outcomes from the pilots will guide development of national policy for a structured nursing affiliation program.

Pandemic Flu Plans (goal 5)

VA is responding to potential public health concerns and helping to meet national health and emergency planning priorities by developing a Pandemic Flu Response Plan. For more information, see <http://www.publichealth.va.gov/flu/>.

- » On November 1, 2005, President Bush charged each Cabinet-level Federal agency with developing a plan for pandemic influenza. The plan shows how the agency will protect its employees, maintain operations, and work with other agencies in a coordinated effort to combat this potential serious threat. The detailed VA plan was presented to the White House on March 31, 2006.
- » VA incorporated valuable nursing input in developing a realistic and relevant plan. Key contributors included the Office of Nursing Services and more than a dozen VA nurses who were instrumental in drafting the plan at every stage, especially on issues of patient care in a stressed environment, employee health and safety, infection control, and emergency management.

ONS Communication

To further improve efficiency within VA Nursing Service, ONS continues to foster multiple avenues of communication between Central Office and the field:

- » ONS websites (intranet: <http://vaww1.va.gov/nursing/>; internet: <http://www1.va.gov/nursing/>)
- » COLLAGE web communities provide workspace and information about NPSB and each of the national Nursing Goal and Advisory Groups (Leadership, Technology, Care Coordination, Workforce,

Collaboration, Evidence-Based Practice, APNs, and Nursing Research) <http://vaww.collage.research.med.va.gov/cgibin/collage/verify.asp>

- » Monthly conference calls: Nursing Service, National Nurse Executive Council, NPSB Chairs & Consultants.
- » ONS staff are available by phone and email to assist our colleagues in the field.

VA Nursing “measures up” Target Performance Measures



Access to mental health services and wait times are key performance measures for all VA medical facilities. Demand for mental health services is increasing and wait times are an indicator of how well a facility is functioning in its use of technology (such as tele Mental Health), interdisciplinary care teams, and care coordination principles. Care Coordination involves the application of care and case management principles to the delivery of health services using health informatics, disease management and Telehealth technologies to facilitate access to care and improve the health of individuals or populations. ACA principles emphasize priorities such as reducing backlog, care coordination approaches and applying appropriate work assignments. Nursing staff improve access to services by optimizing patient preparation (prescreening), clinic visit management (provider reminders via notes, teaching preventative care with patients, closing communication loops within the team, anticipating patient needs, identifying appropriate referrals), and follow-up at home (home monitoring for patient needs and prevention of health crisis). VA nurses help to increase the efficiency of not only primary care settings but specialty clinics and inpatient settings by improving health care delivery processes, optimizing patient health outcomes, reducing clinic wait times and increasing access to services.

COMPASSIONATE HEALTH CARE

Compassion is the essence of patient-driven caring for veterans and their caregivers. It is a common trait VA employees display toward our nation's heroes and toward each other.



1942

World War II—More than 7,000 VA employees, 1,000 of them nurses, enlisted in the armed forces and left their VA positions to serve. VA staff shortages became so acute that the Army detailed enlisted men to VA hospitals as attendants.

1950's, 1960's, 1990's, 2000's, Today...

VA nurses continue to answer the call to serve during wartime. Today, over 6,000 VA nursing personnel are veterans.

Each Year...

VA provides clinical experience to one out of every four professional nurses in the country through affiliations with over 460 nursing schools. These unique op-

"Nurses should be commended for their caring and compassionate care, their smiles when times are tough, and their encouragement when all seems hopeless."

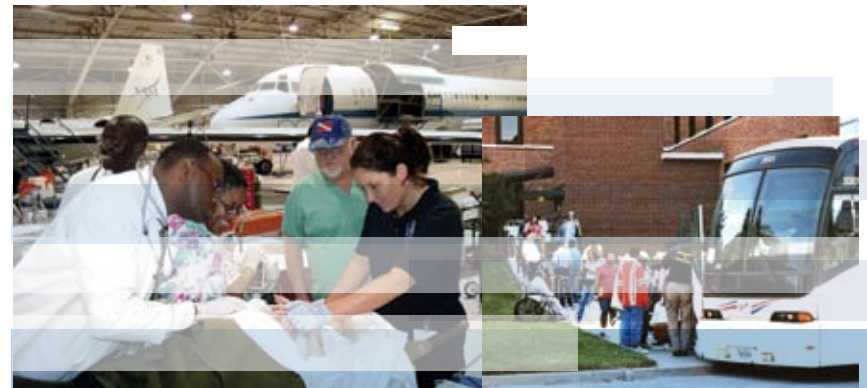
- Paul (veteran), Rosenberg, Texas

portunities provide a large cohort of future nurses with an appreciation of caring for veterans, a privilege which sparks a deeper level of compassion throughout their nursing careers.

Recent Initiatives

Once again, VA nursing staff responded heroically to national disasters, Hurricanes Katrina and Rita, to answer critical needs of veterans and other citizens. VA Nursing Service helped fulfill VA's mission to support emergency response efforts. VA nursing staff stood shoulder to shoulder with colleagues to safely evacuate veterans in the face of potential danger and personal loss. VA nursing leadership and staff participated in successful partnerships with multiple federal agencies to staff two Federal Medical Shelters in Waco and Marlin, TX. VA nurses continue to demonstrate boundless energy, compassion, and dedication to our veterans and to fellow Americans. The compassion and caring of VA nurses was truly visible during the aftermath of Hurricane Katrina. Gulf Coast VA Medical Centers played a pivotal role in treating evacuees.

"All levels of nursing staff led and participated in teams to receive the citizens of New Orleans and patients from the New Orleans VAMC. These nurses ensured that the patients were triaged, clothed, fed and transported to appropriate shelters and hospitals. The work of these nurses was tireless, selfless, compassionate and empathetic. It makes one proud to wear the title of VA Nurse" Deloris W. Leftridge, Former Chief Nurse Executive (Retired), Michael E. DeBakey VA Medical Center.



Compassion is one of the core hallmarks of nursing practice. VA nurses not only apply a “can do” attitude to overcome challenges in practice settings, they approach their service to veterans with profound dedication, pride and compassion. Compassion is evident in nursing practice, as demonstrated by shared decision-making, health promotion, and holistic assessments and plans of care that include cultural and faith preferences. Finally, it’s evident in VA nurses’ professionalism toward their peers and colleagues, as they strive to improve interdisciplinary teams and contribute to satisfactory work environments.

Civility, Respect, and Engagement in the Workplace (CREW) Pilot (goal 4)

- » Office of Nursing Services, the National Nurse Executive Council and the National Nursing Workforce workgroup were selected as one of eight national pilot sites for the VA program focusing on Civility, Respect and Engagement in the Workplace (CREW). CREW is a strategic initiative that aims to realize one of VHA 2006-2010 strategic goals: “Enhance the work environment to improve employee satisfaction.”

Pain Management (goal 3)

- » Nurses provide critical interventions for pain management.
- » Advancements in nursing practice provide guidelines on standards of care for pain management and reduce suffering from preventable pain, while including patients and families as active participants in pain management.

Polytrauma Centers (goal 3)

- » VA recently commissioned four Polytrauma Centers throughout the country (Minneapolis, MN; Palo Alto, CA; Richmond, VA; and Tampa, FL). VA defines polytrauma as “two or more injuries resulting in physical, cognitive, psychological, or psychosocial impairments and functional disability.” VA Nursing leaders

and staff have made significant contributions to nursing’s understanding and contributions to this complex field of care. Polytrauma patients have very different psychosocial, economic, recreation and physical needs. VA nurses draw upon their empathy to connect with this younger generation of veterans and provide high quality, compassionate care during a critical recovery phase.

- » The VA Nursing Polytrauma Consortium comprised of Nursing Leaders from VA Polytrauma Centers has joined together to share clinical, administrative, educational, and research initiatives in polytrauma care throughout VHA. A Resource Guide will be published for dissemination throughout VHA.
- » The VA Nursing Polytrauma Consortium presented “Defining & Advancing Polytrauma Care in the VA” at several national meetings.
- » The Polytrauma Rehabilitation Centers Collage Website: <http://vaww.collage.research.med.va.gov/cgibin/collage>, will offer examples of “best practices” from each Polytrauma site.

Ethics (goal 1)

- » Nursing involvement in ethics initiatives incorporates compassion and professionalism in order to protect the safety and dignity of veterans receiving care, participating in research, or simply communicating with staff. Ethical conduct and bioethical scenarios permeate all areas of professional nursing practice. VA nursing staff reinforce the highest ethical standards by their advocacy for veterans’ rights, their integrity in the documentation process and their honesty and compassion in the nurse-patient relationship. VA nurses can further promote their role in ethics by seeking education and consultation on ethical dilemmas, actively serving on facility ethics committees or national workgroups, and collaborating with colleagues regarding ethical healthcare decision-making. Pertinent resources are available from the National Center for Ethics in Health Care, see <http://vaww1.va.gov/vhaethics/>

“Nurses have always excelled in providing holistic care. Body, mind and spirit. Nurses know that without caring, curing lacks an essential element.”

Alan Moy Soho
MD, MBA, FAPA, CHE
Chief of Staff

VA Nursing “measures up” Target Performance Measures



Patient and staff satisfaction are basic measures of quality of care. Patients and families have specific expectations regarding their health and their level of participation in their care. Satisfied employees working in improved work environments, provide better services, are more likely to continue caring for veterans and have a positive impact on veteran’s experience with VA care. Nursing staff often have more direct contact with patients than other members of the clinical team; nursing interactions directly influence a patient’s experience in the four satisfaction domains of: nursing care, pain management, discharge planning, and overall care. Patients nationally have rated nursing as the most trustworthy profession again in 2005.

Vets Give VA Top Health Care Rating Six Years in a Row

Veterans continue to be more satisfied with their VA care than the average American, according to an annual report on the independent American Customer Satisfaction Index (ASCI) that compares the Department of Veterans Affairs (VA) health care system with private-sector health care.

Additionally, VA nurses have a role to play in employee satisfaction. Just as nurses apply their dedication, compassion and collaborative spirit to the patient care process, they also apply these characteristics to their work with colleagues, having a positive influence on their coworkers’ experience (type of work, satisfaction with coworkers, work quality, etc.). Indeed, collegiality and collaboration are professional hallmarks for nursing.

Over the past 75 years, VA nursing staff have embraced change, designed innovations, tested new technology, and consistently

advocated for safe, quality, and holistic healthcare for veterans. VHA’s priorities of safety, effectiveness, efficiency, and compassion can be seen woven throughout both the historical efforts and the current initiatives that define VA Nursing Service today. While our numbers may have swelled (from 2,500 RNs to 61,000 combined nursing staff), the type of care has expanded (from acute, inpatient to home-based, outpatient and extended care) and our technology has evolved (from glass IV bottles and “iron lungs” to computerized Patient Controlled Anesthesia IV pumps and mechanical ventilators), our noble purpose will never change...to care for those who served our nation.

The Office of Nursing Services wishes to thank our colleagues throughout VHA, in Central Office and in the VISNs and Medical Centers; your commitment to safe, effective, efficient, and compassionate health care ensures that our organization retains and recruits 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 veterans with better health outcomes.

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 curiosity and dedication of generations of VA nurses, who not only made significant contributions to VA healthcare, but have been pioneers in the nursing community, over the past 75 years. We celebrate today’s VA nursing staff, who embody the spirit of **“If It Is To Be, It Is Up To Me!”** This dynamic and committed workforce faces unprecedented challenges—rapidly expanding technological advances, rising patient acuity, and a diminishing supply of health professionals. VA nurses recognize the challenges, but view them as opportunities to rethink and reshape our profession. We will continue to partner with our colleagues, and stakeholders, as we strive to improve the very hallmarks of VA health care: safety, effective, efficient, and compassionate care.

Happy 75th Anniversary to all VA Nurses!!

▶ “As the health care providers who interact most closely with our patients, VA nurses are largely responsible for these impressive scores [ASCI rating].”

Ken Clark
Network Director

VA NURSING SERVICE AWARD PROGRAMS

2005 Winners of the Secretary's Award for Excellence in Nursing

- **Nursing Assistant Category:** John Cheng, NA, Northport VA Medical Center, NY.
- **LPN/LVN Category:** Ferris Jones, LPN, VA Puget Sound Health Care System, Tacoma, WA.
- **RN Staff Category:** Kim Pyatt, RN, BSN, Louis B. Stokes VA Medical Center, Cleveland, OH.
- **RN Expanded Category:** Marthe Moseley, RN, PhD, CCRN, CCNS, South Texas Veterans Health Care System, San Antonio, TX.

2005 Winner of the Secretary's Award for Advancement of Nursing Programs

- **Nurse Executive Category:** Rebecca Newsom-Williams, RN, MPH, VA Eastern Colorado Health Care System, Denver, CO.
- **Director Category:** Timothy B. Williams, Director, VA Puget Sound Health Care System, Seattle, WA.

2005 Winners of the Office of Nursing Services Innovation Awards

The Office of Nursing Services Innovation Awards program is a nursing-specific, national award program that honors the top ten interdisciplinary nursing-led teams who accomplish innovative quality improvements, which have a positive impact on patient care. The 2005 Office of Nursing Services Innovation Awards program recognized a total of fourteen "best practices." Expanding the recognition to include four additional teams was made possible by the generous additional funding provided by the Office of Quality & Performance (OQP).

2005 Theme - Nurse/Physician Collaboration – programs or initiatives that demonstrate positive impact on workforce challenges and/or patient outcomes by building nurse/physician collaborations.

2006 Theme - Advanced Clinical Access – programs or initiatives that demonstrate nursing initiatives that advance the principles of advanced clinical access.

2007 Theme - Evidence-Based Practice – programs or initiatives that demonstrate positive impact on developing an evidence-based nursing practice culture.

2005 Winners of the Office of Nursing Services Innovation Awards

Transforming Care at the Bedside in a Medical Surgical Unit

Project Leader: Sandra K. Janzen, RN, MS, CNAA

Location: Tampa, FL

Team Members: Edward P. Cutolo, MD; Wanda Gibson, RN, MS; Daniel J. O'Neal III, RN, MS; Innette Sarduy, RN, MPH, CNAA

Advanced Data Management Innovation

Project Leader: B. Sue Kancir, RN

Location: West Haven, CT

Team Members: Karen Rosenbeck, RN, CPHQ; Ann Wernicke, LPN

Compressive Mental Health Treatment Center

Project Leader: Lisa Tinch, MPA, MSN, ARNP

Location: Los Angeles, CA

Team Members: Joan Brosnan, RN, PhD; Daniel Auerbach, MD; Joel Rosansky, LCSW; Marquita McBride, LCSW; Leonard Kram, MD; Gary Wolfe, PhD; Andrew Shaner, MD; Stephen Berman, LCSW

Primary Care Chronic Pain Opioid Case Management

Project Leader: Norma Figueroa, RN, BSN

Location: Tampa, FL

Team Members: Kathryn C. Corrigan, MD; Gwen Pinder, RN, MSN; Florence Graniero, RN; Patricia Mossop, MD

Hypoglycemia Protocol: A Team Approach to Patient Safety

Project Leader: Leah Grove, RN, BSN

Location: Dayton, OH

Team Members: Lawrence Schoppe, RN, BSN; Brian Burke, MD; Whitney Shaffer, Pharm.D., CDE

Reducing Deep Vein Thrombosis Incidence Amongst Hospitalized Patients

Project Leader: Michele Biscossi, RN, MS, ACNP-CS

Location: Albany, NY

Team Members: Walter Revera, MD

Improving Outcomes with Telemetry Monitoring Performance Improvement Initiatives

Project Leader: Victoria Lee Church, RN, MS, CNS

Location: Portland, OR

Team Members: Rob Hertert, Biomedical Engineer; Greg Larsen, MD; Richard Harper, MD; Alice Avolio, RN

Huddle Team Meeting

Project Leader: Norma Humphrey, RN, MSN

Location: Atlanta, GA

Team Members: Norberto Fas, MD; Bruce Rooney, MSW, LCSW; Margarita Bell, RN

Tele-Dermatology: Collaboration Meets Technology

Project Leader: Paula Fleming, RN, MSN

Location: Poplar Bluff, MO

Team Members: Dorothy Cline, MD; Cubie Anderson, RN; Sandra Hicks, Patient Service Assistant; Chasady Stortz, LPN; Timothy Moore, Telecommunication Specialist; Sydney Wertenberger, RN, MSN, CNA; Yogesh Bhatt, MD; Vijayachandran Nair, MD; Kay Fox, RN; Carol Ainley, Patient Service Assistant; James Agee, LPN

Clinical Team Communication Collaborative

Project Leader: Christine Gregory, RN, MSN, MBA, CHE

Location: Des Moines, IA

Team Members: Michael Davies, MD, FACP; Stephanie Pederson, Program Assistant; Carol Bills, BSN

Nurse/Physician Collaboration for End of Life Care in an Acute Care Setting

Project Leader: Voncycle Mahone, RN, MA

Location: Birmingham, AL

Team Members: F. Amos Bailey, MD; Beverly Lee, RN, MSN

Improving Patient Care by Integrating the Nursing Alcohol Withdrawal Scale (NAWS) with Standard Physician Orders (SPO)

Project Leader: Patricia Dzandu, MSN, APRN, BC, CNA

Location: Hampton, VA

Team Members: Gregory Briscoe, MD

Nurse Driven Heparin Management: A Successful Nurse/Physician Collaborative Effort

Project Leader: Brenda Flanigan-Tyson, RN, MSN

Location: Charleston, SC

Team Members: Mary Fraggos, RN, MS, CNA, CNOR; Joseph F. John, Jr., MD

24 Hour Emergency Department Observation Unit

Project Leader: Sandra A. Parkes, RN

Location: Palo Alto, CA

Team Members: Laura J. Markman, RN; Evelyn B. O'Hara, RN; Mary K. Duval, RN; Donald Schreiber, MD; Stephen C. Ezeji-Okoye, MD; Yolanda A. Adams, Secretary

2005 National Nursing Awards

Presidential Rank Award-Meritorious

Cathy Rick, RN, CNAA, FACHE, Chief Nursing Officer — VHA Central Office ONS, Washington, DC

2005 Nursing Spectrum Nursing Excellence Award for Advancing the Profession

Sandra K. Janzen, RN, Associate Chief of Staff, Nursing Services — James A. Haley VA Hospital, Tampa, FL

2005 John M. Eisenberg Patient Safety and Quality Awards

Audrey L. Nelson, Director, Patient Safety Research Center — James A. Haley VA Hospital, Tampa, FL

2005 Nursing Spectrum/Nurse Week National Award in the “Advancing Nursing Practice” category

Bridget Mayberry, RN, Safety Specialist — James J. Peters Veterans Administration Medical Center (VAMC), Bronx, NY

Federal Nursing Essay Award at AMSUS

(Co-Authors)

Patricia M. Zarnitz, RN, MSN, RNFA, BC, CRNP, and

Ellen Malone, RN, MSN, RNFA, BC, CRNP

Nurse Practitioners, Surgical Services — Philadelphia Veterans Administration Medical Center (VAMC), Philadelphia, PA

Cherokee Inspired Comfort Award

RN National Prize Winner

Debra Watkins, RN — Dayton Veterans Administration Medical Center (VAMC), Dayton, OH

LPNs/LVNs Grand Prize Winner

Cari James, LPN — Carl T. Hayden Veterans Administration Medical Center (VAMC), Phoenix, AZ

2005 Ellis Island Medal of Honor

Barbara Simmons, RN, PTSD Clinical Nurse Specialist — New York Harbor Health Care System, Brooklyn, NY

2005 American Association of Critical Care Nurses (AACN) Pioneering Spirit Award

Susan Quaal, PhD, APRN, Cardiovascular Clinical Specialist — Salt Lake City Health Care System, UT

Academy of Medical-Surgical Nurses (AMSN) National Clinical Leadership Award

Christy Locke, RN, Clinical Nurse Specialist — Portland Veterans Administration Medical Center (VAMC) Portland, OR

National Nurse Executive Council Leadership (NNEC)

Leadership Development (Goal 1)

Current Chair: Donald Wetzel, RN, MSN, CNA — Erie VAMC-Erie, PA

Facilitator: Audrey Drake, RN, MSN, CNA, BC

Technology and System Design (Goal 2)

Current Chair: Lynn Cooper, RN, MSN — Harry S. Truman Memorial Veterans' Hospital Columbia, MO

Current Co-Chair: Anne Gillespie, RN — Loma Linda VAMC-Loma Linda, CA

Facilitator: Oyweda Moorer, RN, MSN, CNA

Care Coordination and Patient's Self Management (Goal 3)

Current Chair: Ruth Yerardi, RN, MS — VAMC-Chillicothe, OH

Facilitator: Audrey Drake, RN, MSN, CNA, BC

Nursing Workforce Development (Goal 4)

Current Chair: Donna Iatarola, RN, MSN, CNA — VA Northern California Health Care System, Mather, CA

Facilitator: Rosemarie Paradis, RN, MS, CNA, CHE

Collaboration (Goal 5)

Current Chair: James Harris, RN, DSN, APRN-BC, MBA — VA Tennessee Valley Healthcare System, Nashville, TN

Facilitator: Karen Oxler RN, MSN, (Acting Program Manager) and Karen Ott, RN, MSN (Temporarily Detailed as Acting VA/DoD Liaison)

Evidence-Based Practice (Goal 6)

Current Chair: Kathryn Ward-Presson, RN, MSN — Miami VA Health Care System Miami, FL

Facilitator: Anna C. Alt-White, RN, PhD

Advance Practice Nursing Advisory Group (APNAG)

Current Chair: Carol Einhorn, RN, MS, GNP, APRN, BC — Jesse Brown Veterans Administration Medical Center (VAMC), Chicago, IL

Co-Chair: April Gerlock, PhD, ARNP, APRN, BC — American Lake Division, Tacoma, WA

Facilitator: Anna C. Alt-White, RN, PhD

Nursing Research Advisory Group (NRAG)

Current Chair: Marilyn "Marty" Douglas, DNSC, RN, FAAN — Palo Alto Health Care System, Palo Alto, CA

Facilitator: Anna C. Alt-White, RN, PhD

“Strangers”

*I was just a stranger...
when you slept on foreign land
When you marched through marshy water
And you walked over sun parched sand.
You never once complained when you kept watch throughout the night
To protect others from an ambush just before dawn's early light.*

*When you left loved ones at home
When you boarded trains to travel far
Across the seas you'd roam.
You fought for all our freedoms with true valor and great pride
You defended all our lives with your comrades at your side.*

*I was just a stranger...
When the bombs soared past your head
When your friends and fellow soldiers lost their fight and lie there dead.
You put your life out on the line; you were valiant and so brave
To see those other fighting troops win nothing but their graves.*

*Now I am still a stranger as you lie there in a bed
With new fears and unknown heart-felt thought running through your head.
Now I'm the one with helping hands, it humbles me it's true
But it is such an honor to extend my heart to you.*

*Even though I'm just a stranger I can thank our God above
For the blessings you have brought to me through courage and through love.
As I touch you with my caring hands, I shall remember when you were
brave and strong, ... and how you will be loyal till the end.*

*Kathy Sullivan, RN
ICU Staff Nurse
Huntington VAMC*

Office Of Nursing Services (ONS)

VA Central Office
Washington, DC
(202)273-9237

www1.va.gov/nursing/
vaww.va.gov/nursing/

Chief Nursing Officer

Cathy Rick, RN, CNAA, FACHE

Deputy, Program Director-Professional Practice

Audrey Drake, RN, MSN, CNAA

Program Director-Workforce Development

Rosemarie Paradis, RN, MS, CNAA, CHE

Program Director-Technology & Health Systems

Oyweda Moorer, RN, MSN, CNA

Program Director-Academic & Legislative Affairs

Karen Oxler, RN, MSN, (Acting)

Karen Ott, RN, MSN (Detailed)

Program Director-Nursing Research

Anna C. Alt-White, RN, PhD

Program Manager-Special Projects

Michael Grove, RN, MEd, NHA, FACHE

Professor, USUHS, Graduate School of Nursing

Christine E. Kasper, PhD, RN, FAAN

Program Manager-VANOD

Bonny Collins, PA-C, MPA

Clinical & Data Management Specialist

Becky Kellen, RN, BSN, MS



VA Nursing Best Care Anywhere

*Vital to the mission!
Action – oriented*

Never forgets the contribution of our veterans

Undaunted by the challenge

Respectful of all of our customers

Sensitive to the veterans' needs

Innovative and creative problem-solvers

Negotiates and advocates for those who cannot

Giving of their time and their hearts.

*Ann Herrick, RN, BSN, MHA
Nurse Manager, LTC
Lebanon VA Medical Center*

