



VA
HEALTH CARE | Defining
EXCELLENCE
in the 21st Century



Office of Nursing Services (ONS)

Annual Report 2012



***VA Nursing:
Shaping
Healthcare From
The Veteran
Patient's
Perspective***

Office of Nursing Services (ONS) Annual Report 2012



Remarks from the Chief Nursing Officer...

It is not business as usual when we shift attention to being truly patient centered or, more importantly patient driven. VHA has taken serious actions to transform healthcare for Veteran patients. Over the past fifteen years, we have shifted resources and enhanced interprofessional skill sets to improve quality, safety, and access while reducing numbers of unnecessary inpatient admissions, reducing lengths of inpatient stays, and expanding and retooling our robust set of ambulatory care services— both primary and specialty care. Ambulatory care services expansions include significant advancements in the use of telehealth and outreach services via home care, along with mobile vans and targeted efforts on the journey to eliminate homelessness. A key element that underpins our recent efforts on this transformation of VHA healthcare is our focus on the Veteran patient experience. At the very core of understanding whether we are delivering on the promise to care for those who have served our nation in uniform, we must turn our attention to the expectations and perspectives of those whom we serve. The 2001 Landmark Institute of Medicine (IOM) report “Crossing the Quality Chasm” defined patient centered as “providing care that is respectful and responsive to individual patient preferences, needs, and values ...ensuring that patient values guide all clinical decisions” (IOM, 2001, p. 6).



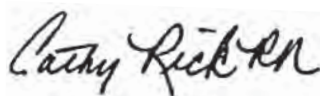
In this 2012 Annual Report on VHA nursing, we attempt to bring that patient experience into focus by describing national nursing efforts from the vantage point of the Veteran patients we serve. We consider this focus to be multi-faceted with a kaleidoscope of approaches that changes shape intentionally and adapts to varied individual circumstances with an understanding nature that care teams have their own unique strengths and characteristics. As we move toward the desired future state of proactive, personalized, patient driven care delivery, we'll need to attend to strategies that help us best understand Veteran patients' perspectives and best evidence-based practices that will guide our collective efforts as interdependent interprofessional teams. Such strategies and best evidence-based practices will inevitably need to involve Veteran patients as full partners and meaningful members of the care team.

In my experience, I have come to believe that nursing plays a pivotal role in advancing health and leading change along this path of bringing the patient experience into focus. Nursing scholars have published helpful perspectives and findings that point to the nature of nursing that administers, organizes, and provides clinical care with special attention and skill sets that sharpen team efforts to support shared decision

making and patient driven care. It has been theorized that nursing's compassionate competence is based on the patient's perspective.¹

I truly believe that the positive advancements in VHA healthcare have been highly reliant on the outstanding talent, passion, commitment and hard work of our nursing workforce. The expertise and teamwork of VHA nursing is something that the enterprise has come to count on with reliable confidence. I count my blessings and have been profoundly grateful to be a part of this journey; I extend my personal recognition and appreciation for all that you do.

Thank you.



Cathy Rick, RN PhD (h),
NEA-BC, FACHE, FAAN
Chief Nursing Officer

¹ Halldorsdottir, S. (2012). Nursing as compassionate competence: A theory on professional nursing care based on the patient's perspective. *International Journal for Human Caring*, 16-2.

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The Office of Nursing Services

Mission

The Office of Nursing Services (ONS) provides leadership, guidance, and strategic direction on all issues related to nursing practice and nursing workforce for clinical programs across the continuum of care and across the spectrum of care delivery sites that impact our Veterans.

Vision

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.

Structure

Under one mission and vision, the ONS is organized into four teams with essential support of Nursing Informatics. Each team takes the lead on specific goals that are accomplished incorporating the entire ONS team in a collaborative effort with various interdisciplinary teams across the entire VA landscape. ONS measures its success through key performance indicators that directly and indirectly shape of the Veteran patient experience. The diagram demonstrates how these teams work together centering the Veteran patient's perspective as the focal point.

The diverse set of care teams and Veteran patients create a kaleidoscope of opportunities to provide unique care to our unique Veteran patient. VA nursing is poised to provide personalized, proactive patient-driven care that will deliver optimal results by placing the Veteran patient at the center of their unique experience.

America's Veteran patients are a diverse group of heroes that have served our country, and now it is our turn to serve our heroes. To serve our Veterans we must listen and serve their needs.

THE VETERANS VOICE MATTERS!



Strategic Planning



The National Nursing Strategic Plan, aligned with the VHA Strategic Plan, establishes the 2012 nursing goals of: Leadership Excellence, Nursing Practice Transformation, Evidence-Based Practice, and Career Development & Workforce Management.

A great example of our Veteran-centered focus comes from the Central Arkansas Veterans Healthcare System, demonstrating their approach to aligning local nursing strategic goals with VHA's National Nursing Strategic Plan.

Voice of the Veteran guides Strategic Planning at Central Arkansas Veterans Healthcare System (CAVHS)

Every fall, nursing and unit-level shared governance leaders from all areas of CAVHS retreat from daily operations to develop the Nursing Strategic Plan for the upcoming year.

Led by Julie Brandt, Associate Director Patient Care Services/Nurse Executive (ADPCS/NE), this diverse and dynamic team analyzes multiple aspects of CAVHS and sets out to improve them. The analysis includes unit-level Strengths, Weaknesses, Opportunities and Challenges (SWOC) analyses, the previous year's progress toward strategic goals, and any emerging issues.

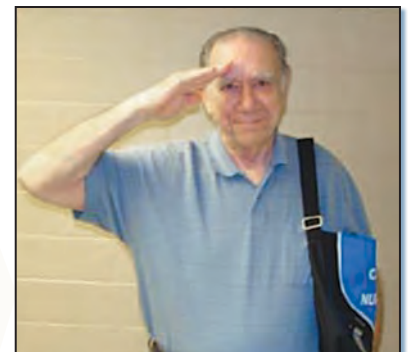
Each year, the Strategic Planning team also invites a Veteran who receives care from CAVHS to participate in the retreat. In November 2011, Mr. Keith Essex, a Korean Era Veteran served as the guest speaker.

In his 15+ years as a CAVHS patient, Mr. Essex has provided invaluable feedback on the care provided at CAVHS. From this wealth of knowledge, he shared his perception of the quality of and access to care. He also described his experiences with enrollment and involvement in his healthcare plan. Following his presentation, Mr. Essex graciously answered questions from leaders how care and customer service could be improved in the future.

Mr. Essex expressed a deep appreciation for the staff at CAVHS, noting that it has positively impacted his quality of life in many ways. As a result of the impact on his quality of life, he now acts as an advocate for VA Healthcare among his fellow Veterans and Service Organizations.

After completing his presentation, Mr. Essex received a standing ovation from all in attendance along with a token of appreciation from Nursing leadership for his willingness to share his story and for his service to our country. In response, Mr. Essex stated, "I salute you for your Service!" and presented a military salute to the staff in the room.

Hearing from Veterans helps Nursing Leaders stay focused on the CAVHS mission to "Honor America's Veterans by providing exceptional health care that improves their health and well-being."



***Keith Essex
Korean Era Veteran***

Leadership Excellence

Leaders make things happen, but a prepared and influential leader goes a step further by making a difference in the organization and those that they serve. The national work towards leadership excellence, chaired by Sharon Parson, MSN, RN, MBA (Associate Director, Patient Care Services, Butler, PA), developed and facilitated multiple activities and forums that prepare current and future nursing leaders to remain on the cutting edge. These activities and forums equip leaders with the knowledge and skill sets necessary for the constantly evolving healthcare environment. Several of these activities capture how leaders are being prepared to ensure that quality, safe, efficient, and value-added Veteran care is provided.

New Executive Training Program

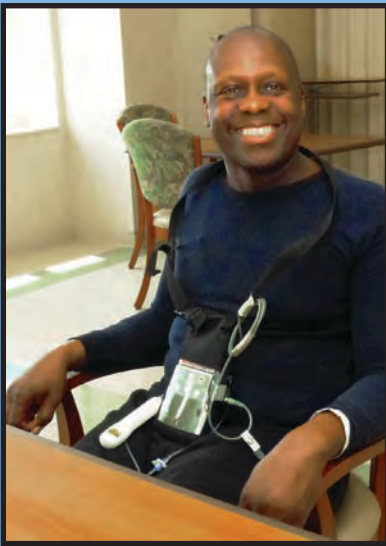
As VA Nursing continues to participate in transforming healthcare and contributing to the creation of a learning organization, one key component is leadership development through coaching and mentoring. The National Nurse Executive Mentoring Program that began in 2004 remains an active and viable component of Nurse Executive development. Since the program's inception, 111 matches of newly appointed Nurse Executives with tenured Nurse Executive Coaches have occurred. To date the retention rate continues to be 90%, a tribute to the success of the program. In FY13, the program will be expanding its Mentoring Program to aspiring Nurse Leaders to assure VHA has future Nurse Leaders prepared for future assignments. The program has been under the Chairmanship of Carol Williams, ADPNS at the Manchester VAMC since 2005.

Nurse Mentoring: The Key to Satisfied Staff and Veterans

Mentoring is commonplace in many professions. Nursing is no exception. Nurses are mentored from the time they start nursing school and throughout their career. The mentoring relationship lasts long beyond the formal mentoring agreement and extends for years. The mentoring relationship offers nurses many opportunities and can easily be translated into satisfiers for the nurse and Veterans. As nurses are mentored, opportunities to work through challenging situations results in situation resolution and lessons are learned that follow them throughout their work life experience. Similarly, nurses who are mentored are better positioned to deliver expert, personalized care in partnerships with interdisciplinary teams and Veterans. The excerpts from a Veteran patient's comments further support this notion.

Nurse Manager Webinar Series

Career and leadership development for nurse managers continues to be a priority for VA Nursing with an emphasis on the importance of the Nurse Manager at the microsystem's level. Nurse Managers must possess the ability to forecast the future to design a course to obtain desired outcomes. Nurse Managers were further educated to the patient-centered care model including the importance of safety at the micro, meso, and macro system level. In 2012, the nurse manager webinar series was launched as a way to continuously develop nurse managers through their daily work. The webinars are held monthly and cover various components of the NM core curriculum.



Roosevelt Boyd (Age 48)

OEF-OIF Veteran
who served in the Army
from 1/3/1999 to 5/27/2011

VA BUTLER HEALTHCARE

"My experience at VA Butler Healthcare has been great – the nurses go above and beyond. Their main focus is always providing us Veterans with excellent care, they always give 100%."

"Continuing education is important throughout your career, but I also believe that nurses are born leaders."

Leadership Excellence (cont.)

The Jonas Center for Nursing Excellence

The Jonas Center for Nursing Excellence is a philanthropy based in New York City. Launched by the Jonas Nursing Scholars Program for Veterans Health, a cohort of 50 PhD and DNP students, dedicated to pursuing research and practice, will address the Veterans' healthcare crisis in the US. The Jonas Center is supporting nursing doctoral students who will become future leaders in research, clinical practice, and administration in areas related to Veteran's healthcare including mental health, poly-trauma, traumatic brain injury, and women's health among others. The Center will achieve an increase in the number of Advanced Practice Registered Nurses, Nurse Researchers, and faculty prepared to care for, study, and teach to Veteran-specific needs. The program was designed based on a pilot Military Scholars program launched in 2011, which included five scholars at the University of San Diego.

One of the recipients, Ginger Ward-Presson, the ADPCS/NE at Durham, NC will focus her DNP scholarly project on the impact of the Clinical Nurse Leader in Medical/Surgical patient care units in VA facilities.

For more information, please visit:

<http://www.jonascenter.org/program-areas/scholars/jonas-Veterans-healthcare-program>

Aspiring Nurse Leaders (Nurse Executive Succession Planning)

With the steady rate of Nurse Executive vacancies occurring annually, it is clearly recognized as a priority to plan preparation of the next generation of Nursing Leaders. In January 2012, the Career/Consultative Development Forum was created. The field was educated to solicit aspiring Nurse Leaders who were interested in seeking additional opportunities and assignments. From that database, approximately sixteen candidates were identified and endorsed by their Nurse Executive as aspiring Associate Directors for Patient Care Services.

The current Nurse Executive Mentoring Program that has been in place since 2004 has demonstrated ongoing success in retaining those Nurse Executives who have participated in the formal year-long mentoring experience. In order to leverage the success of the existing program, the Excellence in Leadership goal has plans to apply this process to the Aspiring ADPCS/NE program in an effort to prepare and assist them in fulfilling their career goals.

The overall vision for this potential pilot revolves around leveraging the strength of our aspiring leadership resource pool in order to meet the current organizational needs. When vacancies in the field exist, current aspiring nurse leaders will be ready to serve in acting capacities. These experiences will serve to strengthen these aspiring leaders, thus contributing to overall succession planning. Success of the pilot is measured after one year by evaluating the number of participants who moved on to an acting or permanent ADPCS/NE role.



Ginger Ward-Presson
ADPCS/NE



Kenneth Mitchell
Veteran Patient

ROBLEY REX VAMC,
LOUISVILLE, KY

"...She (Terry Walls, RN) has provided excellent and attentive care, talking to me, rather than at me. She made me feel comfortable, and being ill, I was glad to have the attention. She is a teacher, very thorough, making sure I understood everything about my care, she even read the white board to make sure I knew all the staff..."

Leadership Excellence (cont.)



George (Shaver) Collins

Veteran Patient

ROBLEY REX VAMC,
LOUISVILLE, KY

“Excellent nursing care, very pleased with the service, excellent and very courteous nursing care, all the nurses have been delightful”

(RN with Mr. Collins is Charity Hacker, RN)

Sterile Processing Services

Sterile Processing Services (SPS) supports VA Nursing in transforming healthcare and contributing to the creation of a learning organization. Over this past year many nurses have joined the SPS workforce with a resulting focus on the development of educational opportunities for nurses, technicians, supervisors, managers, and others as appropriate.

Under the direction of Rosie Fardo RN, BSN, CIC, Deputy Director Sterile Processing, the following educational topics, opportunities and subscription were provided in 2012:

- Endoscope reprocessing
- Tracer methodology technique
- Site review guidance
- Level II VHA Sterile Processing Certification (CRMST)
- International Association of Healthcare Central Service Materiel Management (IAHC SMM) certification
- IAHC SMM Certification in Healthcare Leadership (CHL)
- AORN electronic subscription

VHA has 1,030 staff certified in sterile processing techniques through IAHC SMM, an internationally recognized professional organization. This certification enhances skills in ensuring the proper technique for reprocessing reusable medical equipment (RME), further reducing the risk of healthcare associated infections. Nurses play a key role as SPS Chiefs and Assistant Chiefs providing daily oversight regarding RME and sterile processing matters.



Leaders are champions, facilitators, and the catalyst for the Veteran-centered direction healthcare is headed. Capable nurse leaders are critical to bringing the Veteran perspective into focus through guidance, policies & procedures, standards, and programs. By developing, mentoring, and empowering VA's nurse leaders, Veterans will continue to receive the excellent care they deserve.

Clinical Practice

The Nursing Practice Transformation goal provides leadership, guidance, and strategic direction on all issues related to clinical nursing practice for programs across the continuum of care and across the spectrum of care delivery in sites that impact our Veteran patients. This clinical nursing guidance supports field based operations and organizational priorities.

Clinical practice projects and programs address:

- Evidence-based practices
- Clinical practice guidelines and staff competencies
- Standards of care
- Policy guidance
- Staff, patient, and caregiver training
- Educational priorities

Including:

- Developing support tools for documentation and references
- Participating in the development of researchable questions culminating in the synthesis of clinical evidence in collaboration with the Evidence Based Practice goal
- Potential oversight for nursing practice questions in the field

The Clinical Practice Program

The Clinical Practice Program, under the guidance of Suzanne Thorne-Odem, MS, RN (Clinical Practice Program Manager), is a national program of 190 field-based nursing experts in ten specialties whose products include identifying evidence-based practices, developing competency templates, and training programs. The Clinical Practice Program's specialty experts advise the Office of Nursing Services about the assessment of Veteran patient specialty populations and design of a broad range of specialty nursing practice initiatives including evaluation of nursing-sensitive clinical outcomes across all care settings. The experts are in charge of developing, recommending, and disseminating evidence-based practices through communication, education, and training to continually advance specialty nursing practice working hand in hand with interprofessional leads across all major initiatives.



*Suzanne
Thorne-Odem*



Petra Holder
Health Tech

Jane Magno
RN

Ralf Krause
Veteran Patient

Judy Jones
NP

**NORTHPORT VAMC
(NORTHPORT, NY)**

"I've never had such good care before. Everything seems to move faster. My [PACT] team is excellent."

Clinical Practice (cont.)

Building on years of past achievements, 2012 field-based nursing expert accomplishments:



*Colleen
Walsh-Irwin*

Cardiovascular (Led by — Clinical Nurse Advisor Colleen Walsh-Irwin, RN, MS, CCRN, ANP):

- Developed curriculum for Electrocardiogram (ECG) Collaborative
- Currently developing clinical practice guidelines for cardiac and telemetry monitoring

Geriatrics (Led by — Clinical Nurse Advisor Larry Lemos, MSN, MHA, RN, CNS, GCNS-BC, NE-BC, VHA-CM):

- Developing an annual competency program in the Community Living Centers (CLC)
- Hospice workgroup in development
- Serving on the Associate Chief of Nursing Service Steering Committee for CLC and VHA Patient Centered Alternative to Institutional Care



Larry Lemos

Mental Health (Led by — Elizabeth Czekanski, MS, RN-BC, NE-BC, VHA-CM serving as MH Advisor January-June 2012; and Kerri Wilhoite, MBA/HCM, BCN, RN, ACNS serving as MH Advisor July-December 2012):

- Released Staff Nurse Guide for Leading Patient Education Groups: a guide for developing and implementing RN led education groups for Mental Health patients
- Completed two site visits in 1st Quarter FY12



*Elizabeth
Czekanski*



Kerri Wilhoite

Metabolic Syndromes/Diabetes Mellitus (Led by — Clinical Nurse Advisor Sharon A. Watts DNP, RN-C, CDE):

- Developed two modules for PACT RN Care Managers to address seven self-care behaviors for chronic disease patients
- Developing protocols for SCAN-ECHO Specialty Care Transformation and PACT Transformation with the Office of Pharmacy



*Sharon A.
Watts*

Clinical Practice (cont.)



Lori Hoffman
Högg

Oncology (Led by — Clinical Nurse Advisor Lori Hoffman Högg, MS, RN, CNS, AOCN):

- Presented two posters at the Surgical Oncology Approaches to Cancer Survivorship and Breast Cancer Quality Indicator collaboration
- Assisting Palo Alto and West Haven VA Health Care Systems to establish survivorship clinics

Perioperative (Led by — Clinical Nurse Advisor Lisa Warner, RN, MHA, CNOR):

- Selected vendor for development of a new surgical scheduling program as part of an interdisciplinary workgroup
- Updated the surgical space and equipment handbook
- Serve on the SPS Workgroup



Lisa Warner

Polytrauma/Rehabilitation (Led by — Clinical Nurse Advisor Mary Susan Biggins, MBA, BSN, RN, CRRN):

- Identified the Rancho IV behavior management and safety evidence-based practices for the emerging consciousness patients
- Co-sponsored the Polytrauma Video Teleconference for VA Polytrauma nurses – December 1, 2011
- Developing Pain Management Guidelines for transfers from MTFs to PRCs/PNSs
- Developing articles regarding successful transitions and stroke rehabilitation



Mary Susan
Biggins

Emergency Care (Chaired by — Pam Dugle, RN, MSN, LNC):

- Developing a VA Emergency Nurses Handbook and a proposal for a government services symposium chapter of the Emergency Nurses Association



Pam Dugle

Clinical Practice (cont.)



Bryan Bliss

Veteran

**Licensed Practical
Nurse**

**CANANDAIGUA VAMC
(CANANDAIGUA, NY)**

"Quality care from the PACT team, everyone is very caring and proficient in their job."

"Louise is excellent! She is one of the best care providers that I have ever had. She is very knowledgeable and caring."

"The PT staff are also very knowledgeable and caring. They taught me how to take care of myself."



*Russell S.
Coggins*

Intensive Care Unit (Chaired by — Russell S. Coggins, RN, MSN):

- Collaborated with IPEC on the Safe Management of Ventilator Patients outside of the ICU document
- Reviewed Rapid Response Team elements in three modules and two exams on TMS
- Presented Tele-ICU Competencies to Tele-ICU nursing leads of participating VISNs



Janette Elliott

Pain Management (Led by — Clinical Nurse Co-Advisors Janette (Jan) Elliott, RN-BC, MS, AOCN; and Susan Hagan, RN-BC, MS, ARNP-C):

- Developed and revised pain management curriculum as well as lessons for rural and PACT providers and pain resource nurse programs
- Developing core competencies in pain management, standards for pain reassessment, and a consensus statement with the American Society for Pain Management Nursing



Susan Hagan

Advanced Practice Nursing Advisors

Advanced Practice Nursing Advisors identify and address issues impacting APRN practice, national expert nursing guidance on the Patient Aligned Care Team (PACT), and specialty care transformation. Chaired by Mary E. Falls, RN, MSN, APNP, ANP, B.C. (Nurse Practitioner from Madison, WI), Advanced Practice Nursing Advisors focus on establishing, implementing, and evaluating the strategic plan for advanced practice registered nurses in VA serving in an advisory capacity for strategic planning, issues and activities such as: FPPE/OPPE, partnership on bylaws committees, privileging, role utilization, scope of practice, recruitment and retention, workload capture, and prescriptive authority.

Highlight

APRNs will function as independent licensed professionals regardless of the State in which they are licensed. The intent is to reduce variability in practice across the entire VA health care system, and function as a provider to increase Veteran patient's access to care.

National Nursing Practice

VA nurses, through the National Nursing Practice Council (NNPC), provide ONS with the nursing staff perspective for issues and activities that impact professional nursing practice and VHA national nursing strategic planning. In 2012 the NNPC elected Chair Amy Daly MSN RN-BC (Staff Educator, Minneapolis VAMC) and Co-Chair Kimberley

Clinical Practice (cont.)

McComb-Meisinger RN, MSN, MS, NE-BC (Clinical Nurse Educator, VA Nebraska Western Iowa Health Care System). Since September of 2011 membership has increased from 40 to 138 (including labor partner representatives) by July 2012 and VISN representatives were appointed. NNPC representatives can be found on the NNPC Intranet site: <http://vaww.va.gov/nursing/nnpc.asp>.

2012 Accomplishments:

- ❖ Increased bidirectional communication through the appointment of VISN representatives and the appointment of NNPC representatives to each of the strategic goals to assist with dissemination of information and promotion of national initiatives.
- ❖ Established background information and education on determining evidence-based practice recommendations across the continuum of care.
- ❖ Actively participated with National Hospital Acquired Pressure Ulcer (HAPU) campaign and assisted in implementation efforts.
- ❖ Collaborated with Nursing Practice Transformation (NPT) and NNEC members to determine research evidence-based practice standards and continue to develop national recommendations to address Nurse Bullying/Lateral Violence.
- ❖ Supported and collaborated with NPT Goal Group to focus on patient driven nursing care delivery models that articulate and prepare for the future practice environment, populations, technologies, and workforce design.
- ❖ Supported, collaborated, and facilitated with the Evidence Based goal on the use of best evidence in clinical practice.
- ❖ Supported and collaborated with the Evidence Based goal on demystifying and engaging all nursing staff in evidence-based practice.
- ❖ Supported and collaborated with the Career Development and Workforce Management goal to promote and increase the number of nurses with certification.

NNPC has assisted in shaping the Veteran experience through collaboration with local and national leadership to advocate for the needs of our Veterans from a frontline perspective. NNPC members have identified inconsistencies in practice and have researched, networked, and collaborated with content experts across the nation to establish best practice recommendations that will ultimately influence practice standards and patient care outcomes.

Patient Aligned Care Team

Patient Aligned Care Team (PACT) is a personalized, proactive, patient-driven, team-based approach to deliver efficient, comprehensive, and continuous care through active communication and coordination of healthcare services. Office of Nursing Services, through Storm Morgan, BSN, RN, MBA (ONS PACT Program Manager), continues to work in collaboration with the Office of Primary Care and other stakeholders to provide nursing guidance as VA continues to implement PACT.



Louis Wilder
Veteran

GREATER LOS ANGELES HEALTHCARE SYSTEM

"One of the nurses showed me a flyer on H-PACT, and I thought, "This is a perfect spot for me – it has meaning and is needed." I work on building trust with them so they can "jump the hurdle and climb the ladder to success." I love my job."

Mr. Louis Wilder, once a homeless Veteran himself, now is employed by the Greater Los Angeles Healthcare System and helps homeless Veterans with their Primary Care.

He is an inspiration!

Clinical Practice (cont.)



Dianne Barr
LPN

Robert Fives
Veteran

Dorothy Rowan
RN

Beverly Citrola
LPN

Mandar Tank
MD

**NORTHPORT VAMC
(NORTHPORT, NY)**

"I love my PACT team"

Transformational Initiative Learning Centers (TILC): Starting in FY12, the TILCs will be a collaborative effort between the Offices of Primary Care PACT and Specialty Care Transformation to deliver educational content to the front line teams. RN representatives from ONS developed and later revised components of the PACT Learning Center curriculum, which was submitted to the Office of the Deputy Under Secretary for Health Operations and Management for review.

Patient-driven, comprehensive, coordinated care will ease transitions between providers, facilities, and levels of care allowing the Veteran to receive robust care without the associated stress between these factors.

Centers of Excellence in Primary Care Education

In parallel with the Veterans Health Administration's national priority to transform to a patient-centered care delivery system is the preparation of future health care professionals for practice in this new environment. To prepare the future workforce, under the leadership of Kathryn Rugen, PhD, FNP-BC (Associate Chief Nurse for Education and Research, Jesse Brown VAMC, Chicago, IL; Nurse Consultant, VA Centers of Excellence in Primary Care Education, Office of Academic Affiliations), the VHA has funded five Centers of Excellence in Primary Care Education for five years. The five sites are located at:

- ➔ Puget Sound VA Health Care System (Seattle, WA)
- ➔ Louis Stokes VA Medical Center (Cleveland, OH)
- ➔ Boise VA Medical Center (Boise, ID)
- ➔ San Francisco VA Medical Center (San Francisco, CA)
- ➔ VA Connecticut Healthcare System (West Haven, CT)

The overall purpose of these funded Centers is to foster transformation of clinical education by preparing graduates of health professional programs to work in and lead patient-centered interprofessional teams to provide coordinated longitudinal care. The overarching objectives of the Centers are to develop and test innovative approaches for curricula related to core competencies of patient-centered care and to study the impact of new educational approaches and models on health professions education; to include: collaboration, cultural shifts in educational priorities, and educational and workforce outcomes within and beyond VA.

The expected outcome of this five year project (which is starting its second year) is to generate transformative change in clinical education and primary care delivery that is sustainable and translatable within and outside of VHA.

"Patients seem very happy to have more people available to them," said San Francisco EdPACT Co-Director Susan Janson, RN, ANP, DNSc. "We had business cards printed for each team member to hand to patients, so patients were oriented right from the start as to their team members. Watching patients' reaction to our Nurse Practitioner students is fun: 'She's great!' 'I really like seeing her!' and 'I want to come back!' are some comments we receive."

Clinical Practice (cont.)

“At the end of these five years, I hope the nation will accept that, the way we are going to be able to truly take care of our patients is with a team-based model,” said San Francisco Co-Director Rebecca Shunk MD. “I hope it will be the expectation that residency programs would teach their trainees to take care of patients in teams. And I expect that we’ll continue to do this in the future, that this will be the norm for those starting in medical schools and graduate medical schools, pharmacy education and nursing education. I expect this will be a model that will stick.”²

Nursing in Specialty Care Transformation

Nursing in Specialty Care Transformation is an initiative to coordinate standardized care and increase accessibility to specialty care by building a collaborative effort with primary care through PACT. This transformation will address lack of coordination with primary care, extensive Veteran travel with long wait times, and variation in care delivery for specialty services. The PACT collaborative will assess current workload and team-based care, enhance access to advanced disease management regional support models, and develop innovative training models for clinicians to work at the top of their license.

Specialty Care Access Network - Extension for Community Healthcare (SCAN-ECHO) is a video-teleconferencing tool that clinicians use to present cases to a panel of their peers across regions to request and expand expertise of PACT providers on additional diagnostic and treatment guidance. This technology will be implemented across the VA; currently these sites have been added:

- VA Connecticut HCS, West Haven, CT (VISN 1)
- VA Pittsburgh HCS, Pittsburgh, PA (VISN 4)
- Hunter Holmes McGuire VAMC, Richmond VA (VISN 6)
- Salem VAMC, Salem, VA (VISN 6)
- Louis Stokes, VAMC, Cleveland, OH (VISN 10)
- VA Ann Arbor HCS, Ann Arbor, MI (VISN 11)
- New Mexico VA HCS, Albuquerque, NM (VISN 18)
- VA Eastern Colorado HCS, Denver, CO (VISN 19)
- Portland VAMC, Portland OR & Seattle VAMCs, Seattle, WA (VISN 20)
- San Francisco VAMC, San Francisco, CA (VISN 21)
- VA Greater Los Angeles & VA San Diego HCS, San Diego, CA (VISN 22)

² San Francisco VA Medical Center. “CoE: Education in Patient Aligned Care Teams.” Updated March 14, 2012; Accessed July 30, 2012. <http://www.sanfrancisco.va.gov/features/EdPACT.asp>.

Clinical Practice (cont.)

The Nursing in Specialty Care Transformation initiative, led by Michelle Lucatoro, DNP, RN, FNP-BC (ONS Specialty Care Services Program Manager), will allow the Veteran to receive care closer to home and improve patient outcomes by identifying symptoms earlier.

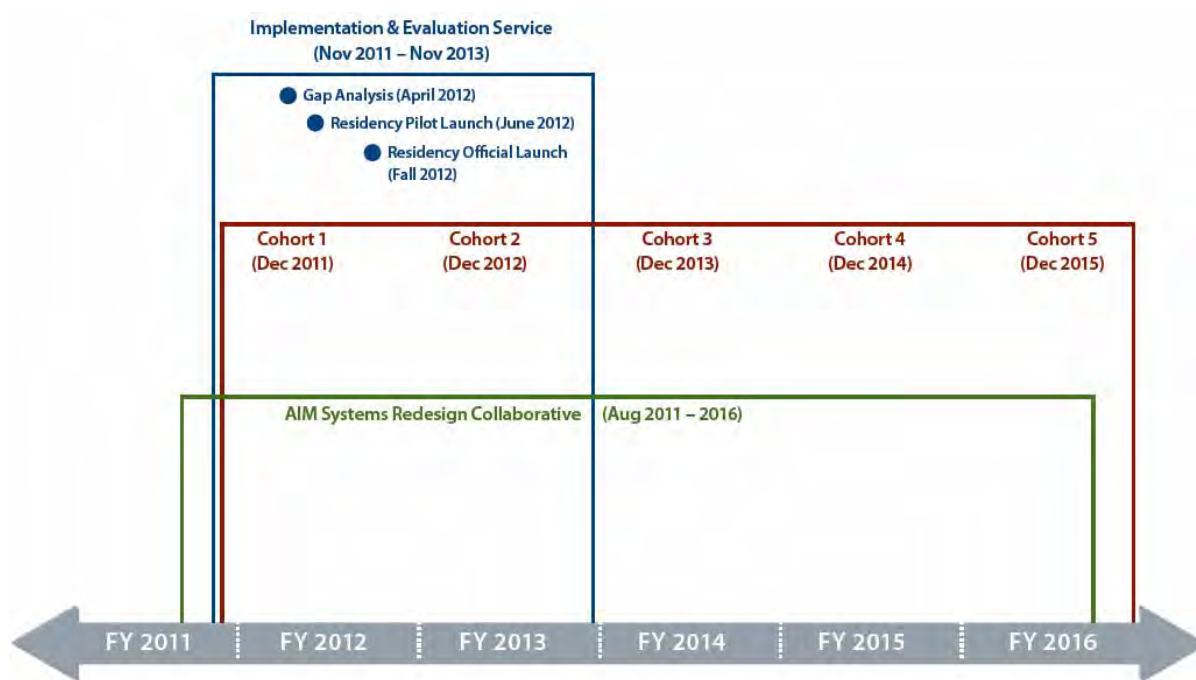
Clinical Nurse Leader Program

The CNL role was developed in direct response to the Institute of Medicine (IOM)'s 1999 landmark report "To Err is Human: Building a Safer Health System". Office of Nursing Services (ONS) launched the role throughout the Veterans Health Administration (VHA) system in 2006. It has been realized that the value of the CNL role is not only a way to increase leadership and safety at the point of care, but to also addresses meeting the health care needs within the rising complexity of Veteran's health care needs.

Since implementation, practicing CNLs have provided concrete benefits to both the VHA and to the care delivered to Veterans, particularly in the domains of patient and staff satisfaction, quality, financial measures, and health care innovations. A number of current and future initiatives (listed below) have been developed to support continued spread throughout the VHA system in order to ensure that CNLs have larger and more substantial impact on VA Medical Centers and thus assist teams to deliver quality of care to Veteran patients.

Veterans receive high quality, efficient care from nurses with advanced education through process improvements and systems redesign and the dissemination of best practices and skills, leading to increased patient and staff satisfaction.

Timeline of CNL Initiatives



CURRENT CNL INITIATIVES:

The CNL Implementation and Evaluation Service is primarily a consultative service that provides direction and guidance to any party seeking guidance in implementing the CNL role, including individual VA Medical Centers, academic affiliates offering a

Clinical Practice (cont.)

CNL curriculum, and individual CNL students and preceptors. Site visits were completed at six VA facilities by mid-August of 2012.

Requests for site visits from Nurse Executives included identified programmatic needs related to:

- Developing shared concepts, values, and potential impact of across stakeholder groups
- Ready environments for CNL role implementation and sustainment
- Engaging Nurse Managers and nursing staff in the CNL role
- Growing and sustaining CNL programs
- Facilitating microsystem functionality of existing roles
- Establishing relationships with academic affiliates and clinical partners
- Developing preceptors and mentors for CNLs and designing/implementing clinical immersion projects and experiences
- Guiding the development and future analysis of metrics, outcomes, and expectations related to the impact of the CNL role

Site visit activities include opportunities for discovering and sharing ways that the CNL role helps to create conditions of excellence in the environment at the point of care where patterns of culture and practice directly impact Veteran outcomes, and where discovery is translated into Veteran-centered care.

Academy for the Improvement of Microsystems (AIM) Collaborative will foster the development of the CNL program and role through an inter-professional approach emphasizing systems redesign in a continuously improving, highly reliable, data driven, learning organization. Overall objectives for the AIM Collaborative include:

- Preparing the CNL for microsystem process improvement through Lean Yellow Belt education
- Developing transformational leaders for a VA TAMMCS Lean Healthcare Organization
- Implementing and preparing the facility for the CNL role and program

A tentative AIM Collaborative schedule was developed to conduct a new AIM Collaborative every 90 days. During FY12, Cohorts 1-3 have either completed their collaborative work and/or are in progress. Participants during Cohorts 1-3 have included 29 Chief Nurse Executives, 41 CNLs, 34 Nurse Managers, and 13 other interdisciplinary professionals. Cohort 4 is in the planning stages.

Prior to the initiation of the Cohort Collaborative, a conference call is held with the VISN leaders and facility ELC Members to discuss the AIM Collaborative vision, next steps, and confirm the dates for the AIM Collaborative. Each new Cohort begins with a face to face Learning Session with the facility's Nurse Executive, Nurse Managers and the CNL

Clinical Practice (cont.)

or nursing personnel interested in becoming CNLs or interested in microsystem process improvements. Following the initial Learning Session, the participants continue collaborative work with their respective group completing modules specific to their position. The on-going collaborative work is done utilizing virtual on-line education and collaborate software.



OIF/OEF Veterans with PACT Team:

Diana Dejesus

RN

Vanessa Brown

OEF-OIF Program Manager

Devalie Brown

LPN

Corina Bertino

Clerk

Standing beside the Veterans they serve.

**NORTHPORT VAMC
(NORTHPORT, NY)**

"I never have a problem getting an appointment."

"If it wasn't for my PACT team I would still be on crutches."



A team of CNLs who represented VA New Jersey Health Care System for the first AIM learning session cohort in Alexandria, VA in September 2011

CNL Transition to Practice Program is a self-paced, self-study curriculum for new CNLs or CNLs new to the VA, designed to facilitate a smooth transition from the CNL academic curriculum into clinical practice. Curricular elements focus the new VA CNL on creating conditions of excellence in clinical microsystems at the point where Veteran patients receive care. This transition-to-practice program uses facilitation and mentoring by a facility-based preceptor and optional academic affiliate advisor or CNL mentor during the guided experience. The curriculum covers five learning domains with four to five content modules in each domain. Learning activities include:

- ➔ Promotion of application of knowledge to actual role function
- ➔ Support of competency progression in all CNL role component areas
- ➔ Engagement of other members of the health care delivery team in the CNL's transition to practice
- ➔ Maximizing the ability of the CNL to influence cultures of care and practice that are Veteran centered and patient outcome focused

Several modules can also be used to promote enhanced understanding of the CNL role across other stakeholder groups in the organization.

Initial content review by academic and practice partners was favorable and interest in this program has been robust. Usability testing was conducted in July 2012 and a pilot of the CNL transition to practice program was initiated with monthly evaluation feedback cycles planned for August through December, 2012. Full implementation is anticipated for 2013.

Clinical Practice (cont.)

POTENTIAL CNL INITIATIVES:

Pilot CNL VA National Education for Employees Program (VANEED): In collaboration with the Healthcare Recruitment and Retention office (HRRO), ONS is designing a pilot scholarship program modeled after the VA National Education for Employees Program (VANEED) to offer the necessary financial support to allow CNL students to complete their academic program. The goal of the scholarship is to relieve some of the time and financial burdens of a CNL curriculum and to support VA staff nurses to successfully complete a CNL program. The pilot scholarship program will aim to offer salary replacement dollars and tuition support to CNL students as they take leave to complete 400 hours of clinical practice immersion, the final requirement of the CNL academic curriculum.

For more information regarding the CNL program visit:

<http://www.va.gov/nursing/cnl.asp>

Nurse-Led PACT for Homeless Veterans

VA Nursing has played an important part to address identifying Veterans at risk for homelessness through development of a homelessness assessment tool with the Office of Patient Centered Care. There are innovative plans to do more for this strategic priority. VA Nursing plans to provide nurse-managed Patient Aligned Care Team Clinics to address the homeless Veteran patient's urgent care needs.

After discussing the scope of the current transformational initiative with collaborative partners, site visits were conducted to private sector examples of such clinics. Further discussions defined the concept, evaluated how best to pilot, and then began initial steps.

Nursing Systems Redesign

The Nursing Practice Transformation goal establishes and communicates VA Nursing's efforts in System Redesign. Nursing Systems Redesign addresses the following objectives:

- Assess the current state of VA Nursing System Redesign representation and collaboration
- Evaluate if additions should be made to enhance the scope of VA Nursing System Redesign involvement to accommodate transformational initiatives and/or changing customer groups
- Develop a VA Nursing Systems Redesign Communication Plan

Continuous assessment, evaluation, and development of Nursing Systems Redesign will evolve nursing practice to accommodate the current and future needs of the Veteran patient.

Nursing Handbook

After several years of development, VA Nursing is publishing the VHA Nursing Handbook in order to establish policy for nursing services and define the elements of practice for VHA nurses. The purpose of this handbook is to provide clear concise

Clinical Practice (cont.)



Mr. William Kokmeyer

Army Veteran and
CLC Resident

BATTLE CREEK VA
MEDICAL CENTER

"I will have been at the VA for eight years this month. I came to the VA because they could take care of all my physical and mental problems so it turned out it's the place to be. They give me my own room and all the things I can do. They have a nurse and caregiver and recreational people here and we go on trips in the area. Next week we will be going to the Guilford Car Museum. The Air Museum? We go there. We go to the zoo, and the ball game at the University. It's one thing after another. Different VA people come in for picnics and they get together. The picnics are huge. There are so many things as a Vet here – there's no excuse to say there's nothing to do; you have to inquire about it and you can find it."

guidance for the consistent, safe, effective, and efficient delivery of nursing care and to articulate Veteran-centered nursing practice within the VHA. In addition, the handbook provides resources to assist in decision-making and program development related to nursing practice. The handbook provides guidance inclusive of nursing practice environments, populations, technologies, and workforce designs. Professional nursing practice concepts reflect the most current evidence-based practice. The handbook is divided into the following categories:

- ➔ Nursing's Relationship to Organizational Structure
- ➔ Nursing's Relationship to Organizational Function
- ➔ The Discipline of Nursing
- ➔ Individual Nursing Practice

Highlight

Of particular note in the Nursing Handbook is the guidance on Advanced Practice Registered Nurse (APRN) elements of practice. The handbook states that APRNs will function as independent professionals regardless of the State they are licensed in. The intent is to reduce variability in practice across the entire VA health care system, specifically when network facilities cover more than one state and/or across state lines.

Interprofessional Hospital Acquired Pressure Ulcer Prevention Initiative

Pressure ulcers are a cause of significant morbidity and mortality among hospitalized, institutionalized, and mobility-compromised individuals. Pressure ulcer prevention across the continuum of care is a priority for the VHA. Most pressure ulcers are avoidable and VA Nurses and management are committed to eliminating HAPUs throughout the VHA. ONS initiated a Campaign to develop strategies, provide guidance, and improve the quality of care at the point of care delivery by making HAPU prevention and management a top priority for all clinical staff in the VHA.

CAMPAIGN TO ELIMINATE HOSPITAL ACQUIRED PRESSURE ULCER

The aim of the HAPU campaign is to eliminate pressure ulcers throughout the Veterans Health Administration. An inter-professional team of VHA clinical leaders and direct patient care givers have utilized the VHA Handbook 1180.02 as a guide in the development of templates and protocols for staff to more effectively identify and treat patients at risk for developing pressure ulcers. The following subgroups were created from the committee: Education/Marketing, Data Collection, Collaboration, Informatics & Business Reporting, Implementation, and Point of Care.

- ➔ **HAPU Education and Marketing:** Focus is to review evidence-based practices at the point of care for the education of direct care staff and to identify certified wound care specialists throughout the VHA.
- ➔ **HAPU Data Collection:** Focus is to review current baseline data and identify contributing factors.

Clinical Practice (cont.)

- **HAPU Collaboration:** Focus is to identify effective collaboration by comparing patient data outcomes between VA and non-VA quality improvement metrics through experts at VERCs, the National Center for Patient Safety, and Systems Redesign committees.
- **HAPU Informatics and Business Reporting:** Focus is to develop an accurate picture of the current state of data flow, and coordinate templates with Office of Informatics and Analytics and Office of Health Information.
- **HAPU Implementation:** Focus is to research best practices for staff education and sustaining evidence-based practice.
- **HAPU Point of Care:** Focus is to develop protocols for wound care providers and direct patient care staff and to disseminate the information once approved.

This campaign has generated ideas from a wide range of disciplines and promotes consistent, system wide, evidenced based practice that will eliminate HAPUs in the VHA.

AS A TEAM, WE CAN SUCCEED!



51 year old Veteran Bryan Bliss

When Dr. Benivegna's PACT team first met 51 year old Bryan Bliss, Veteran and Licensed Practical Nurse, they were impressed by the optimism he expressed. Bryan had endured a 3-year ordeal that repeatedly threatened his life and left him with bilateral above-the-knee amputations. His goals were to walk again and eventually drive a vehicle.

The PACT team knew this presented a quandary because coagulopathic ulcers are chronic, persistent, recurrent, and prone to delayed healing. Bryan still had incomplete healing and ulcers from his previous surgery. The recently healed tissue was also immature and lacked the tensile strength necessary to stand up to the rigors of exercises on the floor mats. Additionally, there was uncertainty how the affected

areas would respond once healed and exposed to the mechanical forces associated with the use of prosthetic limbs.

With Bryan, the team devised a plan to keep him on track in keeping with his goal. Bryan was given open access to the clinic just prior to physical therapy sessions and on an as needed basis. PACT team nurses designed a dressing that provided protection to open areas, did not hinder limb movement, and protected recently healed areas from shearing forces. Bryan took an active role in learning during these appointments and quickly mastered PACT goals: how to assess for infection, how to protect recently healed tissue, and how to use the various dressing supplies.

Clinical Practice (cont.)

The team worked to help Bryan navigate challenges at specific junctures. For instance, the application of compression sleeves to his limbs predisposed him to the development of new ulcers. With Bryan's permission, concerns were conveyed to the physical therapy department and they partnered with the team in terms of monitoring for pressure and shearing.

Once Bryan felt ready to pursue a driver's training course, the PACT team provided him with the referral to the rehabilitation specialist. Bryan passed the course with flying colors and is hoping to find a vehicle that can accommodate his needs.

It has been more than a year, Bryan has not suffered a setback and now ambulates a distance of 65 feet and participates in aerobic conditioning on a daily basis. There is great pride in his progress and of how the team seamlessly provided the care that kept him on track with his goals.

Louise Amberger RN

Canandaigua VAMC (Canandaigua, NY)

7/23/12



The Veteran patient's perspective is shaped by the work of nursing practice transformation efforts to promote patient driven care through a partnership with nurses across the VA to develop systematic approaches based on best evidence and implementation science. These initiatives ensure that VA nurses apply evidence-based care at the bedside, approach care from a team perspective with the Veteran at the center, and transition seamlessly to provide continuity of care.

Veterans see the results of the goal's deliverables in their care by VA Nurses every day. ONS, through the nursing practice transformation goal, continues to engage front line staff to assist in developing and implementing these products so VA nurses will realize improved patient outcomes and patient satisfaction.

Research & Academics

The Research and Academics strategic goal's **three major components** and **subsequent objectives** are:

- **Evidence Based Practice (EBP):** Facilitate development of infrastructure to ensure VA nurses consistently engage in an evidence based practice to improve healthcare delivery and outcomes throughout the VA.
- **Nursing Research:** Build capacity for high quality research that informs evidence based practice and nursing science thereby promoting health and excellence for our Veterans and the nation.
- **Academic Initiatives:** Develop educational programs to increase the number and expertise of Registered Nurses by building and strengthening relationships between schools of nursing and VA facilities.

Current EBP Initiatives – led by Chairs, Sheila Sullivan, PhD, RN and Kathryn Rugen, PhD, FNP-BC, include:

EBP CONSULTATION PROGRAM

In FY12, the EBP Consultation Program for nurse executives and nursing leadership at individual facilities expanded to include VHA program offices when the National Center for Patient Safety (NCPS) in Ann Arbor invited the consultation team to Ann Arbor to discuss methods for searching, appraising and synthesizing the best available evidence. Since the NCPS makes recommendations about patient care, Veterans will benefit from those recommendations that are grounded in the evidence based practice methodological process.

For additional information or to request a consultation visit, please contact Bev Priefer at Beverly.Priefer@va.gov or (608) 256-1901, ext. 11223.

EBP ANNUAL WORKSHOPS & FOLLOW UP



The Evidence Based Practice Workshops, now in their fourth year, continue to evolve. The 2012 Workshop, held in Nashville August 7-9, included a Clinical Nurse Leader (CNL), nurse manager, and nurse educator from 10 different VA facilities. Participants learned to distinguish evidence based practice from the evidence based practice process. To develop EBP process skills, participants from each facility asked whether evidence existed to support practice changes related to a variety of clinical issues



including bedside shift handoffs, hourly rounding, fall prevention, and atelectasis prevention. Participants were guided through the EBP process using a blend of didactic presentations and hands-on activities and are now participating in monthly phone conferences to monitor progress in implementing evidence-based practice changes.



Robert Broad
Veteran

MANTRAM REPETITION PROGRAM, VA SAN DIEGO HEALTHCARE SYSTEM

"I think it [the Mantram Repetition Program] is really useful. Other programs have helped, but this is what I really needed. It's something that I can use quickly and on the spot. It helps re-arrange my thought process and calm myself. I found it extremely important about my overall emotional health—because it connects the spiritual with the practical."

"The Mantram helped me to calm myself so I could make the effort to repair my relationship with my son. My communication with my wife is much calmer. I still have road rage, but it's made a big difference. Driving and dealing road rage is as different as night and day. This is a perfect adjunct when encountering triggers."

Research & Academics (cont.)

OFFICE OF NURSING SERVICES EBP RESOURCE CENTER

The EBP Toolkit is being transformed into the EBP Resource Center. The purpose of the Resource Center is to facilitate understanding of evidence based practice and the application of this knowledge in daily practice and is a website that will be updated with additional resources and announcements as needed. Content is organized into expandable areas, allowing users to quickly locate and pull up the information that they need.

Content areas include:

- How to use the resource center
- Learning about EBP; resources (links to forms, videos, etc.)
- Information about the EBP goal
- “In the spotlight,” a section that highlights new information/resources and upcoming events
- The EBP Resource Center is located at: (should be able to provide this in a couple of weeks)

SEARCHING FOR THE BEST EVIDENCE

“**Searching for the Best Evidence**” is a new TMS course (#8989) that explains and demonstrates how to access the best evidence from your literature searches. This 3-module course is fully accredited by the ANCC for 1.5 CNE contact hours.

“Searching for the Best Evidence” is specifically designed to help VA nurses conduct literature searches that support their evidence based clinical decision-making. In addition to explaining the PICO model and providing step-by-step demonstrations of searches in core health science databases, the course also demonstrates the value of several Evidence Based Practice (EBP) web resources, such as the Agency for Healthcare Research & Quality (AHRQ) and the National Guideline Clearinghouse web sites.

The course was designed by VA Librarians Teresa Coady (VA Central Iowa) and Priscilla Stephenson (Philadelphia VA), along with Anna Alt-White and Beverly Priefer (Office of Nursing Services VACO), Ron Farson and Ramona Wallace (Employee Education Service), and Nancy Clark (Library Network Office).

Current Research Initiatives – led by DiJon Fasoli, PhD, RN and Eileen Collins, PhD, RN, FAAN

Research initiatives germane to Nursing expand nursing research in the VA. Partnerships include representatives from the Office of Research and Development and the Office of Academic Affiliations.

Goals include:

- Increase capacity for nursing research through mentorship
- Expand infrastructure to support nursing research

Research & Academics (cont.)

- Promote visibility and value of nursing research
- Enhance evidence-based nursing practice
- Develop a VA nursing research agenda

VETERAN-CENTRIC RESEARCH

Dr. Jill Bormann is a Research Nurse Scientist at VA San Diego who conducts patient outcomes research on the benefits of a complementary, portable, meditative program of Mantram Repetition—an ancient spiritual practice adapted as a self-care strategy to manage symptoms and improve wellbeing. Recently her work has focused on Veterans with posttraumatic stress symptoms.

The Mantram Repetition Program along with standard PTSD treatments reduces clinically meaningful PTSD symptoms among twice as many Veteran patients compared to standard treatment alone. These symptoms include a decrease in hyperarousal and depression contributing to an increase in mental and spiritual health. The mantram intervention also provides Veterans an accessible, discreet, and inexpensive PTSD tool without the limits of time and location. A new study will isolate the mantram repetition intervention to evaluate the program as a stand-alone treatment.



Dr. Eileen Collins is a Research Career Scientist in Rehabilitation Research & Development. The focus of her research is to improve the quality of life of patients with chronic illnesses through physical activity. Her state-of-the-art laboratory serves as a central core for her research program as well as her collaborators studying the effects of physical function and physical activity. Dr. Collins' research has demonstrated that, in patients with moderate to severe COPD, the use of slower, deeper breathing during exercise can prolong exercise duration and allow patients to feel more in control of their breathing. Additionally, her group has developed a compendium of energy cost of activities of daily living for people with a spinal cord injury; the compendium lays the groundwork for developing physical activity and nutrition guidelines for people with spinal cord injury.

Academic Initiatives

UNIFORMED SERVICES UNIVERSITY OF HEALTH SCIENCES NURSING PHD PROGRAM

Eligible VA nurses are encouraged to apply to the PhD program in Nursing Science and qualified applicants are admitted. In academic year 2011-2012, Uniformed Services University of Health Sciences (USUHS) added an affiliation with the James A. Haley Veterans' Hospital and the Patient Safety Center of Inquiry in Tampa, FL. The first group of students at this location matriculated in August of 2011. The program is exploring expansion to additional VA locations. VA Nurse Scientist Christine E. Kasper, PhD RN FAAN FACSMT, is assigned as a Professor of Nursing Science and maintains a clinical research lab studying the effects of blast Traumatic Brain Injury and toxic effects of embedded metals. For more information, please visit the USUHS Graduate School of Nursing Internet site at: <http://www.usuhs.mil/gsn/>.

VA NURSING ACADEMY

The VA Nursing Academy (VANA) is a partnership between VA and accredited nursing schools to develop compassionate, highly educated nurses to provide quality health care to the nation's Veterans.

Examples of VANA Veteran-centric initiatives/activities:

- Birmingham VANA Faculty and the University of Alabama, Birmingham developed an educational program for VA clinicians and trainees focusing on the Mental Health needs of the Veteran.

Research & Academics (cont.)

- Hines VANA partnership with Loyola University in Chicago created a Military Assessment Tool for all students to use when assessing the Veteran patient.
- North Florida/South Georgia Veterans Health System and the University of Florida VANA partnership revised the curriculum to support a Veteran-centric focus, and hired faculty with military experience.
- Students from the Charleston VA and South Carolina College of Nursing VANA partnership, with guidance from their VANA faculty, undertook an initiative to help homeless Veteran patients locate potable water sources, especially during the summer months.

VA Nursing Academic Program

In August 2012, based on the success of the pilot VA Nursing Academy (VANA) partnership programs, VHA leadership approved a new initiative, the VA Nursing Academic Partnership (VANAP) program. VANAP will expand the number of VA-Academic nursing partnerships to 30 by adding 18 new partnerships over the next 9 years. The first of the additional sites are expected to be launched in late FY13.

Summits

Experts from around the VA gathered to provide expert opinion and guidance on two pertinent nursing issues: Pressure ulcers and evidence-based practice.

In March, a Pressure Ulcer Summit was held to identify key nurse scientists whose research portfolio focuses on pressure ulcers, outlining a nursing research pressure ulcer agenda, and establishing teams that would submit grant applications. The summit with 11 nurse researchers from across the VA and ONS and QUERI staff led to at least three different teams being formed with over half of the researchers being on grant applications that were submitted to requests for proposals for ONS Pilot Studies the HSRD QUERI Pressure Ulcer Rapid Response Projects. To date, one project has received funding.

In December, 13 VA nurse EBP experts gathered at an EBP Summit to discuss key EBP concepts, identify infrastructure components necessary to advance EBP culture, identify EBP education strategies, and develop EBP networking strategies. An outcome of this meeting is the development of a mechanism whereby staff from any VA facility can share evidence based practice changes via completion of an EBP template located on the newly released EBP Resource Center website.



The research and academics strategic goal is critical to providing Veteran patients with cutting edge care by delivering the best standards of practice under optimal settings. Veteran patients are provided highly educated nurses, Veteran driven research studies, and evidence-based care if/when the need arises.

Career Development and Workforce Management

VA nurses are highly valued members and leaders of the healthcare team, contributing their knowledge and expertise to the optimization of patient driven care. The Career Development and Workforce Management (CDWM) goal promotes policies and national initiatives that create the elements to ensure VA employs the best nursing professionals and personnel to help advance VAs goals for patient driven, safe, effective, high quality care. CDWM focuses efforts on those programs, policies and initiatives that facilitate:

- Retention/recruitment
- Succession planning
- Healthy work environment (which encompasses wellness, professionalism, and career development)
- Staffing methodology
- Professional peer review
- Quality improvement through organizational culture change
- Shared governance and collaborative management
- Patient care delivery

Travel Nurse Corps

The VA Travel Nurse Corps (TNC) is an internal VA program providing temporary supplemental nurse staffing to VA Medical Centers and Community Based Outpatient Clinics (CBOCs) throughout VHA. The overall mission of this program is to provide temporary supplemental nurse staffing to ensure the delivery of high quality and safe care to Veteran patients. Approximately 120 RNs from the VHA and the private sector have been appointed to TNC. About 30% of those appointed have been placed in permanent positions throughout VA. TNC RNs have provided nursing care to Veteran patients at VA Medical Centers and CBOCs from Alaska to Puerto Rico supporting a wide range of nursing needs in clinical areas from critical care to community living center care. Staff Nurses, Nurse Managers and Consultants have supported VA Medical Centers through this program. The TNC consistently receives positive feedback from its stakeholders to include the VA Medical Centers and CBOCs and its Registered Nurses.

Appropriately staffing VA Medical Centers and CBOCs with the right amount and type of nurse will give the Veteran patients the appropriate attention they deserve and need at their level of care.

- ❖ Website: <http://www.travelnurse.va.gov/>

Nursing Qualification Standards Task Force

As VHA transforms to become Veteran-Centric, Forward Thinking and Results Oriented, shared decision-making and staff involvement will be the foundation to move the organization forward. It is imperative that nursing practices keep pace with the



Patricia R. Zull

BA, MA, MSN, CNM, FNP

**BATTLE CREEK VA
MEDICAL CENTER**

My role here is as a primary care and mental health nurse practitioner. I have a master's degree in counseling and nursing and so this unique combination of skills came together in this perfect job. I help OEF/OIF Veterans make the adjustment in both physical and mental health to home and their personal lives. To address all of their needs in one day is very positive for them.

Career Development and Workforce Management

(cont.)



Roy Heathcoat

Veteran patient sitting on the right (top photo)

CLEMENT J. ZABLOCKI
VA MEDICAL CENTER
(MILWAUKEE, WI)

"When I think of the nursing staff at the VA I think of the movie 'The Untouchables' because no other hospital nurses can touch the quality, commitment and care received at the VA."

"The nurses always have an answer for me. I can count on them to get things done and they never say 'I don't know' or 'I'll have to get someone else to help you'... they're the best!"

changing times. There is a need to revise the processes currently utilized to appoint and promote registered nurse staff.

ONS has convened a task force to develop a framework and process whereby nurses are active participants in the promotion process. Changes will affect nursing staff at the Nurse I, Level 1 up to Nurse III. The current promotion process, though effective, requires every nurse up to Nurse III be considered for promotion on a yearly basis by the Nurse Professional Standards Board (NPSB). The process of requiring every staff nurse to be boarded yearly when they are still working on professional practice requirements can create unnecessary work for that nurse, the rater, and the NPSB. The process for promotion consideration should be at the desire/request of the individual nurse who needs to be well informed of requirements and process with support from nursing services as appropriate.

By alleviating unnecessary administrative work on VA nurses, Veterans will have more nurses at the Veteran patient's bed-side.

RN Residency: Transition-to Practice Program

The RN Residency Program was developed to improve the quality of Veteran care by providing additional training and support resources to the new graduate nurse. The purpose is to support the transition and development of novice Registered Nurse (RN) graduates to become competent professionals who will provide optimal patient care and exhibit leadership and professionalism at the point of care for our Veterans.

In January 2009, after developing a business case, ONS launched a 12-month pilot of a Nurse Residency Program at eight VHA facilities of various complexity of care levels. The program's curriculum focuses on refinement of graduate nurse clinical competencies, development of professional nursing roles, and leadership characteristics. The program utilizes a variety of educational strategies including classroom education, precepted clinical experiences, monthly meetings, group clinical debriefings, one-on-one mentoring, and an evidence-based practice project.

A comprehensive evaluation and return on investment report were completed on the pilot and is available on the program website. The findings indicated that ultimately the program was a success and proved beneficial to every facility in the pilot, resulting in 100 percent RN retention rate. This further solidified the foundation to support the national launch of the program. As the RN Residency Program is enhanced and implemented nationally, VHA should continue to be positively impacted by the program. Significant developments were made in FY12 include:

- Launched RN Residency Website: <http://vaww.va.gov/nursing/RNres.asp>
- National Program Release and Training: December 2011
- Implemented Monthly National RN Residency Calls

Career Development and Workforce Management

(cont.)

Magnet Recognition at VHA Facilities and Building the Business Case

Studies show that RN satisfaction increases when clinical competency of their RN colleagues is apparent/increasing, and levels of professional nursing certification are used as markers of a “Magnet” culture in an organization. The Magnet Recognition® Program, which is based on quality indicators and standards of nursing practice, has resulted in a steady progressive growth of VA hospitals to the exclusive list of organizations that are nationally recognized for quality patient care, nursing excellence and innovations in professional nursing practice. In addition to the current 5 designated Magnet® facilities, and one designated Pathway to Excellence® facility, more than 20 additional facilities are in some phase of formal application and another 70 plus have adopted Magnet® principles. Current VA facilities with Magnet® recognition include:

- James A. Haley Veterans’ Hospital (Tampa, FL)
- Michael E. DeBakey VA Medical Center (Houston, TX)
- Portland VA Medical Center
- Atlanta VA Medical Center
- William S. Middleton VA Medical Center (Madison, WI)
- Martinsburg VA Medical Center (Pathway to Excellence®)

In FY12 ONS has formed a workgroup to develop an in-depth Magnet business case. The purpose of building this case is to develop a template that can be utilized by Medical Center Directors and other facility and VISN leadership in pursuing the Magnet journey. The business case will provide the supportive evidence for the benefits of Magnet designation.

Magnet Promotional DVD

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

Magnet Data “Issue”

Magnet requires comparative data for patient satisfaction and nurse sensitive indicators. The requirement further states that in order for a facility to receive comparative data they must also contribute data to the data base. Lastly the comparison data must come from a national data base that has data from both civilian and federal facilities. This has impacted VA by limiting the exclusive use of VANOD and SHEP data.



Dennis Radler

Veteran patient sitting on the exam table to the left.

**CLEMENT J. ZABLOCKI
VA MEDICAL CENTER
(MILWAUKEE, WI)**

“I can always count on my primary care team to work together making all of the pieces fit smoothly for me. It’s obvious to me that they’re well informed and keep up with the latest there is to know.”

Career Development and Workforce Management

(cont.)



Charles (Chuck) Hareng

Veteran patient sitting on exam table in clinic with two nurses.

CLEMENT J. ZABLOCKI
VA MEDICAL CENTER
(MILWAUKEE, WI)

"The VA nurses are always very professional and make you feel very welcome. They are also very concerned about your welfare. I don't like going to the doctor but they help make it a pleasant experience."

ONS has worked closely with ANCC and NDNQI to review and resolve issues related to NDNQI contract language and review of VANOD data. ANCC has determined through these reviews that VANOD does not meet their criteria due to the lack of civilian comparative data. NDNQI has worked with ONS and VA general counsel to modify contract language to remove barriers for facilities to generate contracts.

VHA embraces Magnet and has produced the magnet video to assist facilities with understanding the Magnet Journey. Whether a facility chooses to formally be on the Magnet Journey or not, VHA and ONS supports and encourages all facilities to implement the principles of Magnet.

"Let's Get Certified" Campaign



Through this innovative campaign, now in phase IV of its 5-year pilot, certification has been highlighted as playing a critical role in building a workforce of experienced and committed professionals which has raised the bar of excellence within the VA. Phase IV features the theme "Soaring to New Heights" and is augmented by a recognition pin for every nurse who receives certification during phase IV. The campaign has resulted in a professional publication in American Organization of Nurse Executives'

(AONE's) December 2010 issue of Nurse Leader highlighting how certification results in enhanced nursing knowledge, increased productivity, improved quality of care, and patient and nurse satisfaction. "Let's Get Certified" was featured as a break out session at the 2011 ANCC Magnet Conference for an audience of 1,000 participants. Nurses feel more respected, recognized and rewarded for his/her efforts resulting in a decrease in RN vacancies. Through the VHA initiative, the Department of Defense nurses have also been afforded the opportunity to expand their knowledge and take advantage of the program to promote excellence in practice. This alignment promotes quality care from battlefield to home and is a testimony to the global quest for excellence with the VHA as the key driver.

Healthy Work Environment

A Healthy Work Environment (HWE) initiative was established to develop and implement nursing approaches to support healthcare practices and employment conditions that promote quality patient outcomes, optimal system performance and support of professional growth from a Veteran-centric and team-based perspective. The HWE model encompasses 3 focus areas: Wellness, Professionalism, and Career Development.

In 2011 the first Wellness campaign was completed which was initiated during Nurses Week 2011, in collaboration with the Employee Wellness Office; focusing on the Wellness is Now (WIN) program. HWE built upon the American Nurses Association

Career Development and Workforce Management

(cont.)

(ANA) 2011 Nurses Week slogan “Nurses Trusted to Care—Caring Starts With You,” encouraging employees to take the VA Health Risk Assessment (HRA). The contest winners who had the most HRAs completed by Nursing Personnel were: Kansas City, Grand Junction and Texas Valley Coastal Bend. The HWE group is currently developing their next campaign focused on Safe Patient Handling (SPH). It will target Unit Peer Leaders and address issues identified in pilot evaluation (knowledge deficit, need for succession planning, supportive infrastructure, etc.).

The Future of Staffing Methodology

The purpose of this initiative is to implement a nationally standardized staffing methodology for VA nursing personnel. Experts both internal and external to the VA have reviewed best practices and innovative approaches to staffing and concluded that an expert panel-based approach be adopted, combining the professional judgment of nurses with quantitative and qualitative data analysis based on the many factors that contribute to desired patient outcomes and nursing workload. The goal is to achieve a standardized, automated staffing methodology for nursing personnel that is simple, reliable, and evidence-based. A standardized staffing methodology for nursing services will support a national process to systematically measure the impact of staff levels and staff mix on patient care outcomes.

FY12 launched the implementation of TMS training modules geared toward all levels of personnel from Medical Center Director to Staff Nurse who will be involved in the staffing methodology process. ONS will test and implement a module for spinal cord injury. ONS will also begin the development of modules for primary and specialty care areas to be rolled out in 2013.

Emergency Management – Patient Care: Guidebook for Volunteers During Emergencies

The purpose of Emergency volunteer training is to provide just-in-time basic skills training for volunteers (with no clinical experience) who would like to help provide basic patient care for Veteran patients during an emergency or disaster, or other times when there is a need. The training includes: hand washing, contact precautions, patient identification and privacy, patients bathing instructions, intake and output measurements, meal set-up, basic mouth care, specimen transport, bed preparation, and the volunteer checklist. The training materials include a DVD (Patient Care for Volunteers) and a Quick Series guidebook (Patient Care: Guidebook for Volunteers during Emergencies). Both of these resources are available through the Talent Management System. This initiative supports VA’s fourth mission to serve as primary backup to the DOD military health system during war or a national emergency and to support and assist other Federal agencies in case of natural disasters or terrorist incidents. Training volunteers to help with basic care is especially important during times when the normal health infrastructure is exceeded.



Willena Malley

Navy Veteran and Prosthetics Purchasing Agent (on the left)

VA SIERRA NEVADA HEALTH CARE SYSTEM

“Nurses are very helpful. When I need to know something I can depend on them to get back to me. They are the right hand to my surgeons.”

Career Development and Workforce Management

(cont.)

Military Medic/Corpsman VA Employment Initiative – Intermediate Care Technicians

The active recruitment of recently separated service members is a key priority for the VA to ensure a seamless transition for Veterans into employment. A particular focus has emerged on the value of the operational experience that these recently separated service members can provide in health care settings. Army and Air Force medics and Navy Corpsmen receive extensive and valuable health care training and experience while on active duty. However, transitioning service members' clinical experience does not translate easily into civilian clinical roles. Secretary Shinseki asked VHA to explore how to hire well-trained medics and corpsmen transitioning out of active service. As a result, in January 2012, exploration began to answer how VHA may be able to employ transitioning medics and corpsmen, providing them with career opportunities, and simultaneously meeting VHA workforce needs.

The goal is to establish a position and progressive career track that attracts separating military health personnel to the VA and to address issues related to preparation, licensing, and credentialing of Veterans who have served in the military in clinical and allied health positions, but who may not have the education or certification required for licensure in a civilian setting.

A one-year pilot was launched in Q4 of FY12, by identifying needs that medics and corpsmen can fill within VHA. This involves creation of a new Title 5 health technician role (Intermediate Care Technicians, GS-0640 series) to be piloted in the emergency department (ED) at fifteen unique VA Medical Centers with a known need for skilled technicians. The potential pilot sites have requested to participate based on a significant local workforce need for ED techs.

Career Development and Workforce Management

(cont.)

Potential Pilot Program Benefits:

- Adds new skilled workforce for VHA (approximately 10,400 medics and corpsmen separated from the military in FY11)
- Creates a pipeline for future licensed professionals – many would like to become RNs, PAs, or other health care professionals
- Increases VHA Veteran hiring
- Increases Veteran patient satisfaction



Veteran patients encounter the impact of CDWM's programs and initiatives each time they encounter:

- *New nursing staff that are confident in their skills.*
- *More experienced staff that have longevity/knowledge to impart.*
- *All types of nursing staff (RN, LPN/LVN, CNA) who are practicing, delivering, fostering care to the best of their abilities and are excited by the opportunities they have to increase those abilities through schooling, certification, committee work, management training, professional training.*

These staff are confident, satisfied, and they recognize and celebrate each others' talents; the Veteran patient also sees them functioning in positive, productive, truly collaborative teams with excellent communication skills. These teams of staff recognize how to organize themselves for the safety of patients and their own safe practice by utilizing healthy practices (safe lifting, needlestick precautions, violence prevention etc.), promoting wellness, etc. These staff are confident and choose to collaborate with other disciplines/hospital staff and volunteers to create a care environment that allows the patient to make personal choices that make sense. The many types of people and care settings combine in a beautiful kaleidoscope to create a healthy environment of care, staffed with professionals, staff members that embrace care delivery for/about the Veteran.



Ronna Hunter
RN, Staff Nurse

**OEF/OIF CLINIC
BATTLE CREEK VA
MEDICAL CENTER**

I came to the VA Battle Creek OEF/OIF Clinic to deliver direct patient care; it's not an acute unit, it's an opportunity to make a difference. My goal was to come and work with the newest Veterans because my friends have children in the military who served and this is the age group I'm involved with and I felt I could relate to them and they could relate to me. I'm street smart and that [rapport] can benefit these individuals.

My Dad is a Veteran and I never served in the military but thought about it later in my career. I felt I could have but that serving in the VA would be my way to advocate for Veterans.

Veterans need to advocate for themselves and they need us to jumpstart them to develop confidence. We've seen successes in spite of adversities. I still have a lot more learning to do but I've come a ways in the last year.

Informatics

Over this past year, under the direction of Dr. Murielle Beene, the Chief Nursing Informatics Officer (CNIO), Nursing Informatics has been re-organized under the Health Informatics division of the Office of Informatics and Analytics. The CNIO provides executive leadership; serves as a champion for the development and optimization of clinical information systems that support end users with the primary goal of advancing evidenced-based clinical practice and interdisciplinary patient-driven care delivery; and establishes a direction for a comprehensive health informatics strategy for VHA.

Many of the current nursing informatics initiatives are being supported in several areas within the Health Informatics division. One area is called Applied Informatics Services (AIS). The mission of AIS is to provide the link to subject-matter expertise to help create and support the current and evolving Veterans Health Administration informatics programs and services. AIS is designed to ensure superior support to clinical & business processes, for services such as nursing, to benefit the care of the Veteran patient's health. The AIS vision is a seamless transition of services and benefits for the Veteran, which will drive informatics solutions. Advocacy for people, processes, and programs are critical for integration of legacy systems and the future of an integrated electronic health record across the continuum of care, and across agencies. Another area where nursing informatics initiatives are being executed is the Health Informatics Initiative (hi²). The Health Informatics Initiative, Transforming Health Care Delivery through Health Informatics is a major VA initiative.

Clinical Flow sheets

Clinical Procedures (CP) Flow Sheets provide interactive clinical flow sheets to support patient care in a variety of clinical areas merging Veterans Health Information Systems and Technology Architecture (Vista), bedside monitoring, tasks, and standardized observational data in an integrated display. Version 1 was implemented across all sites in FY12, and current work is underway to introduce additional terminology into the application.

Patient Assessment Documentation Package (PADP)

PADP templates include an Admission Assessment, Shift Reassessment, Shift Reassessment Update, free-standing Interdisciplinary Plan of Care, and end of Shift Report. Version I was released to the early adopter sites and end user feedback was obtained, to create Version 1.1. Plans are underway to test Version 1.1, within the field, and continue integration into nursing documentation.

Clinical Information System/Anesthesia Record Keeping (CIS/ARK)

CIS/ARK products are VISN purchased commercial off the shelf applications, under the direction of the Clinical Information Support Team, (CST). The CIS /ARK applications are an integrated, VISN-wide system consisting of documentation within intensive care, anesthesia, and provide an analytics reporting capability. Five VISNs are in production, and several VISNs are testing/planning stages or engaged in acquisition strategies. AIS are a liaison to this application development.

Informatics (cont.)

Patient/Staff Flow Processes

Patient/Staff Flow processes include a suite of applications, released or planned for release under the Systems Redesign Initiative, as well as the Surgical Program Office. AIS is a liaison to this application development. These applications are:

- **Bed Management System (BMS)** - BMS provides features for viewing, creating, and maintaining, inpatient flow activities and can contribute to expediting patient movement to the most appropriate care settings. Class I software is tentatively scheduled for release in Q1, FY13 and Class II software is currently in production accounts. Future functionality will include a crosswalk of unit type names, within BMS, to the Nursing Unit Mapping Application (NUMA) and Hospital Available Beds for Emergencies and Disasters (HAVBED) unit types.
- **Emergency Department Integration Software (EDIS)** - EDIS is a nationally developed and released product, designed as an element of the Clinical Care Delivery Support System (CCDSS) to be used as an extension to Computerized Patient Record System (CPRS)/Vista using a central enterprise web application configured to support individual VAMC operations within Emergency departments. Version 2, tentatively scheduled for release at end of FY12.
- **Surgical Quality Workflow Manager (SQWM)** - The SQWM application aims to deliver functionality that will benefit Veterans by implementing a commercial off the shelf software tool which will allow the tracking of surgery patients through the pre-surgical process, scheduling of surgery, and the peri-operative period. Current testing and development is underway, with phased production testing beginning in FY13.
- **Comprehensive Flow Management (CFM)** - The CFM product will provide end-to-end patient tracking visibility and integrated capabilities for capturing and analyzing patient flow data, across BMS, SQWM, and EDIS. Initial discussions on business requirements, are being gathered in Q4, FY12.

integrated Electronic Health Record (iEHR)

The integrated Electronic Health Record (iEHR) program is a collaborative partnership between the Department of Veterans Affairs and Department of Defense to acquire and modernize joint health care information systems, and achieve significant improvement in the capturing, storing and sharing of electronic health information with an overall goal of improving patient care, system performance, and user experience. The AIS team is participating in this multi-year collaborative by providing leadership and expertise to relevant committees, workgroups, and project teams; which includes identifying and engaging appropriate subject matter experts for this effort.

PAID Enhancement for VANOD (PEV)

The purpose of the PAID Enhancement for VANOD is to provide accurate, granular information on nursing hours. This software enhancement released in Q3 FY12, provides an additional timekeeper screen from the Enhanced Time and Attendance (ETA) system, to allow entry of nursing type of time, type of work, and location worked.

Informatics (cont.)

Post-Falls template

Using an expedited process through Office of Information & Technology (OI&T), an existing Post-Falls template is currently being revised to improve data capture potential. Usability and data validation testing will be performed on the template in advance of a national release, with provision of facility and enterprise Falls rates by Q2 FY13. Once the Falls assessment information is available through the PADP, the combination will provide process and outcome indicators for the VA Nursing Outcomes database (VANOD).

VA Nursing Outcomes Database (VANOD)

The VANOD database provides nursing administrative, clinical, satisfaction and summary reports to support data-driven decision making. Data is obtained through existing data sources as a nursing subset, and new data capture sources are developed where feasible.

VANOD products deployed or in development for FY12 include:

- Patient satisfaction data at the nursing unit level became available in early FY12. This report was developed in collaboration with Office of Quality and Performance (OQP) and displays results for nurse sensitive questions in the HCAHPS survey (Hospital Consumer Assessment of Healthcare Providers and Systems.)
- PAID Enhancement for VANOD (PEV) national training will be completed by the end of Q1 FY13. National reports will be available beginning Q2 FY13, which will provide accurate nursing hours per patient day, existing tours, actual hours and type of hours at the location worked, etc.
- New skin risk reports, including concurrent (daily) skin care reports became available beginning Q2 of FY12. Purpose of these reports is to provide a tool for data validation while patients are in-house and methodology for driving nursing processes at the nursing unit level.
- **Nursing Turnover by Nursing Unit report:** This report enhancement became available in early FY12, and provides regrettable losses at the facility nursing unit level by nursing role and skill mix. It provides facilities with more granular assistance in looking at recruitment and retention trends in comparison to other reports.
- **Systems to Drive Performance (STDP) Nursing Reports:** As part of an enterprise-wide cost accountability initiative to drive performance and outcomes, Nursing Informatics consulted with Decision Support Services (DSS) in creation of a new nursing dashboard. The Nursing Dashboard tool allows ability to filter results based on time (Fiscal Year, Fiscal Period) or by VISN, Station, Facility, Ward, Nursing Unit Type/Cluster, as well as National summary. The tool is useful for assessing nurse staffing needs, skill mix, and adequacy of nurse staffing numbers in relation to various ward types. Training for licensed nursing users is slated to begin during the last quarter of FY12.

Informatics (cont.)

Health Informatics Initiative (hi²)

One of the goals of the hi² is to build the informatics workforce and increase the informatics literacy in the VA. Several large scale training opportunities were offered in 2012 specifically the release of the Graduate Level Health Informatics Lecture Series in TMS, the Introductory to Health Informatics Course offered through Bellevue College, two Nursing Informatics Boot Camps, and for the first time ever, a VA Health Informatics Certificate Program (AMIA 10x10). Each of these offerings is open to nursing staff who want to increase their knowledge and advance their careers in health informatics.



Nursing informatics Boot Camp —
Greater LA – August 2012

Another major goal of hi² is to assist with VHA's transition from a medical model of care to a patient-centered model through development of advanced software architecture. The Health Management Platform (HMP) is piloting clinical software prototypes and will be a complementary migration technology to VistA. The HMP team is focused on transitioning the health care team experience to a patient centered model, increasing patient engagement and satisfaction at the point of care, and addressing population specific and health care system aspects of care.



Nursing Informatics establishes the infrastructural backbone to provide interdisciplinary, standardized, evidence-based, patient-centered care to the Veteran patient. Many services use informatics to provide Veteran patients a seamless transition of services and benefits by connecting and integrating various programs, providers and services under one system of care. A system approach to care will ensure every VA facility provides the best care to every Veteran patient.

National Nursing Data and Demographics

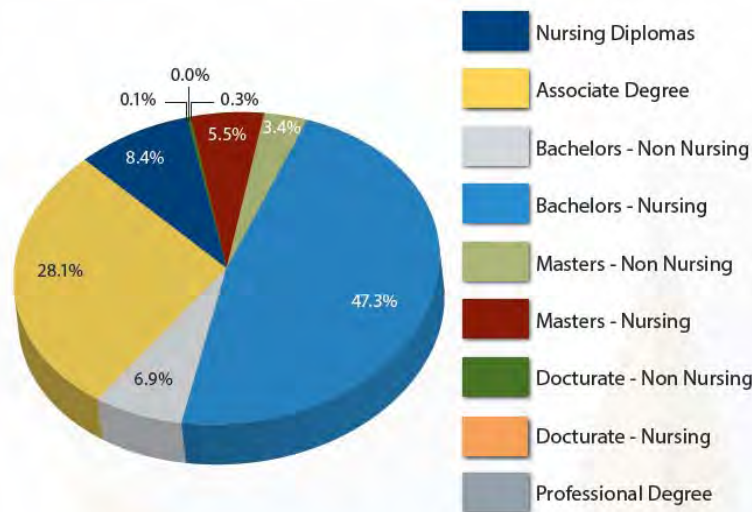
VHA Nursing Skill Mix Employee Count – FY12

Nursing Skill Mix	Number by Skill Mix	Percent
1061 REGISTERED NURSES	51,085	60.7%
1064 NURSE PRACTITIONERS	4,544	5.4%
1065 LPNS AND LVNS	13,741	16.3%
1066 NURSING AIDES AND NURSING	11,438	13.6%
1067 CLINICAL NURSE SPECIALIST	488	0.6%
1031 OTHER HEALTH TECHNICIANS	2,820	3.4%
Total Nursing Employees:	84,116	100%

Source: 7/13/12, VANOD Demographic & Financial Cube, includes all Facilities, All Cost Centers, BOC 1061 RN; 1064 NP; 1065 LPN; 1066 NA; 1067 CNS; and 1031 Health Techs, as of PP13 June FY12.

Highest Level of Education for Direct Care RNs and all RNs – FY12

Source: 7/13/12, VANOD Demographic and Financial Cube; all Facilities; BOC 1061 Nurse, Direct Care Roles; Nursing Diploma, Assoc Degree, Bachelors (Nursing and Non Nursing), Masters (Nursing and Non-Nursing), Doctorate (Nursing and Non-Nursing), Professional Degree, Direct Care Role, All Cost Centers, as of PP13 June 2012.



Education Levels	Number	Percent
Nursing Diplomas	3,160	8.4%
Associate Degree	10,508	28.1%
Bachelors - Non Nursing	2,577	6.9%
Bachelors - Nursing	17,713	47.3%
Masters - Non Nursing	1,270	3.4%
Masters - Nursing	2,056	5.5%
Doctorate - Non Nursing	123	0.3%
Doctorate - Nursing	15	0.0%
Professional Degree	22	0.1%

National Nursing Data and Demographics (cont.)

Highest Level of All VHA RN Education for VHA RNs – FY12

Highest Level of All VHA RN Education for VHA RNs – FY12	
% of RNs with a Bachelor's Degree	46%
% of RNs with a Masters or Doctorate	22.7%
% of RNs with at least a Bachelor's Degree	69%

Source: 7/13/12, VANOD Demographic and Financial Cube, PAID Budget Object Codes: 1061, 1062, 1064,1067; Employee Count; "Bachelors Degree" includes Nursing & Non-Nursing"; "Masters or Doctorate" includes all Masters and Doctorates; "at least Bachelor's Degree" includes all Bachelors, Masters, Doctorates, and Professional Degree, combined for all RNs; All Facilities; All Nursing Roles; All Cost Centers, as of PP13 June 2012.

VHA All RN Education Level Trend

Education Level	2010	2011	2012
% of Direct Care RNs with at least a Bachelor's Degree	60.4%	61.9%	63.3%
% of Direct Care RNs with Bachelors only (nursing or non-nursing)	51.3%	52.4%	53.4%
% of Direct Care RNs with a Masters or a Doctorate (nursing or non-nursing)	9.1%	9.4%	9.8%
% of Direct Care RNs with a Doctorate (nursing or non-nursing)	0.42%	0.40%	0.40%

Source: Demographic & Financial Cube, 9/18/12, RN Education Level Trend; Education Level: Diploma; Assoc Degree; Bachelors-nursing; Bachelors-non-nursing; Masters-nursing; Masters-non-nursing; Doctorate-nursing; Doctorate-non-nursing; Professional Degree; Employee Count; All Facility T & L; HR Occupation code 0610; All Time - FY2008, 2009, 2010, 2011, and 2012 through 17 Aug FY12.

VHA Total Loss and Quit Rate Trend by Nursing Skill Mix

Nursing Skill Mix		2008	2009	2010	2011	2012
0610 Nurse	Facility Quit Rate	5.8%	4.4%	5.0%	4.1%	3.9%
	Facility Total Loss Rate	9.4%	7.5%	8.6%	7.9%	6.9%
0620 Practical Nurse	Facility Quit Rate	7.5%	5.7%	4.9%	5.0%	3.9%
	Facility Total Loss Rate	11.6%	9.5%	8.7%	8.9%	7.0%
0621 Nursing Assistant	Facility Quit Rate	5.7%	4.7%	5.0%	4.3%	3.4%
	Facility Total Loss Rate	12.5%	11.1%	12.8%	11.1%	7.7%
0640 Health Aid and Technician	Facility Quit Rate	6.7%	4.7%	4.9%	4.7%	4.1%
	Facility Total Loss Rate	11.4%	9.5%	9.9%	10.2%	7.2%

Source: 7/13/12, VANOD Nursing Turnover View of HR Cube, All Organization-VHA; Facility Quit Rate & Total Loss Rate; Fiscal Year 2008, 2009, 2010, 2011, and 2012 through June 2012.

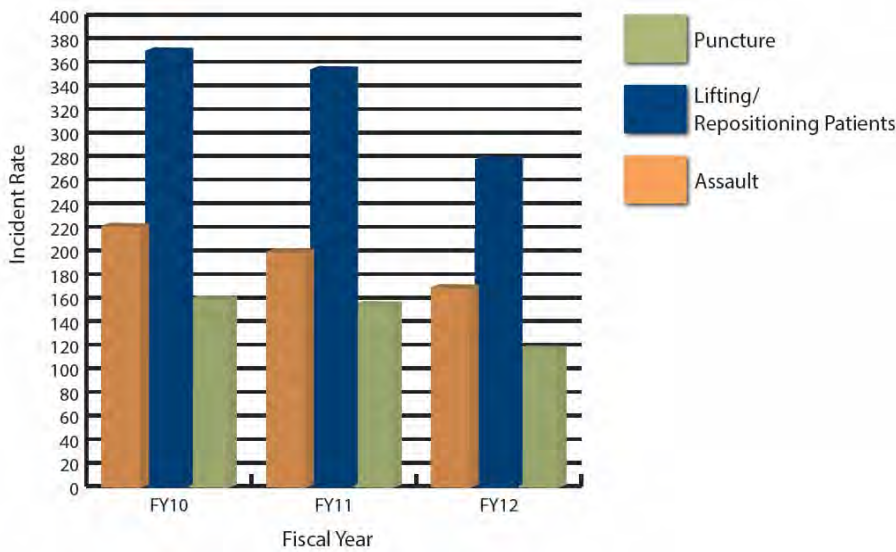
National Nursing Data and Demographics (cont.)

VHA Retirement Eligibility Trend by Nursing Role

Nursing Roles	FY09	FY10	FY11	FY12
Administrative	41.2%	40.8%	40.8%	40.7%
Advanced Practice	32.4%	33.1%	33.9%	35.3%
Direct Care	24.2%	23.3%	23.5%	23.4%
Hospital Support	33.7%	34.9%	35.1%	36.6%

Source: 7/13/12, VANOD Demographic & Financial Cube, Retirement % Eligible report, All Facilities, Retirement Eligible, Non-Eligible, Not Assigned; Employee Count; All Budget Object Codes 1061, 1062, 1064, 1065, 1066, & 1067; Nursing roles - Administrative, Advanced Practice, Hospital Support, and Direct Care; as of PP13 June 2012.

Nursing Staff Injury Trend by Injury Type

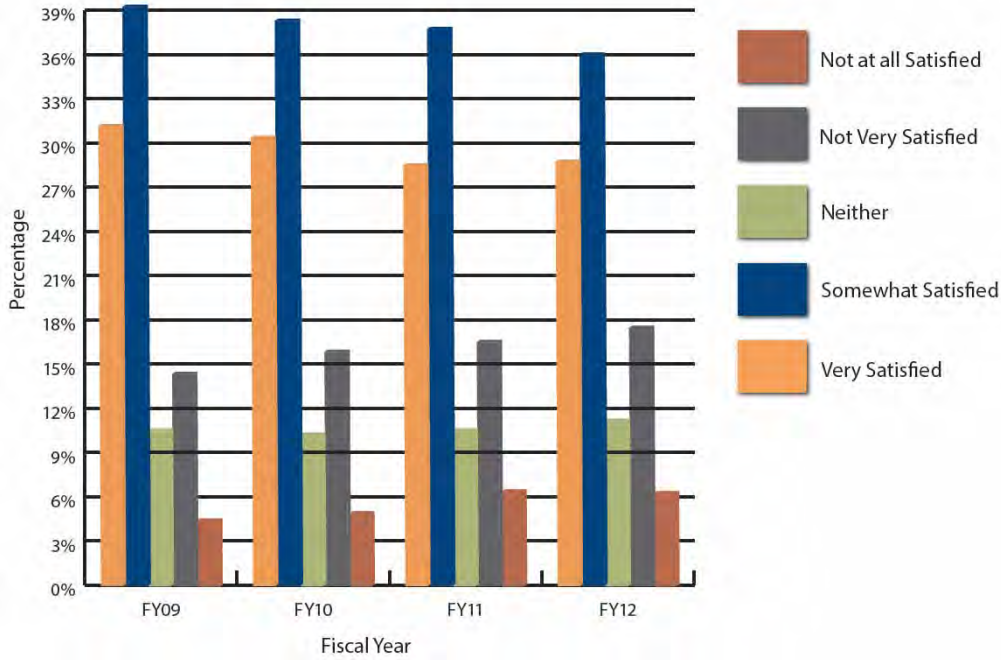


Source: 7/13/12, VANOD Nursing Staff Injury Cube, includes all Facilities, All VHA RN Occupation Codes, Direct Care Roles, Injury Rate for Assault, Lifting Patients, and Puncture in a Trend from FY10 through June 2012.

Injury Type	FY10	FY11	FY12
Assault	222.0	200.3	169.9
Lifting/Repositioning Patients	371.0	355.1	278.6
Puncture	160.1	155.5	117.7

National Nursing Data and Demographics (cont.)

VHA Overall RN Satisfaction Trend

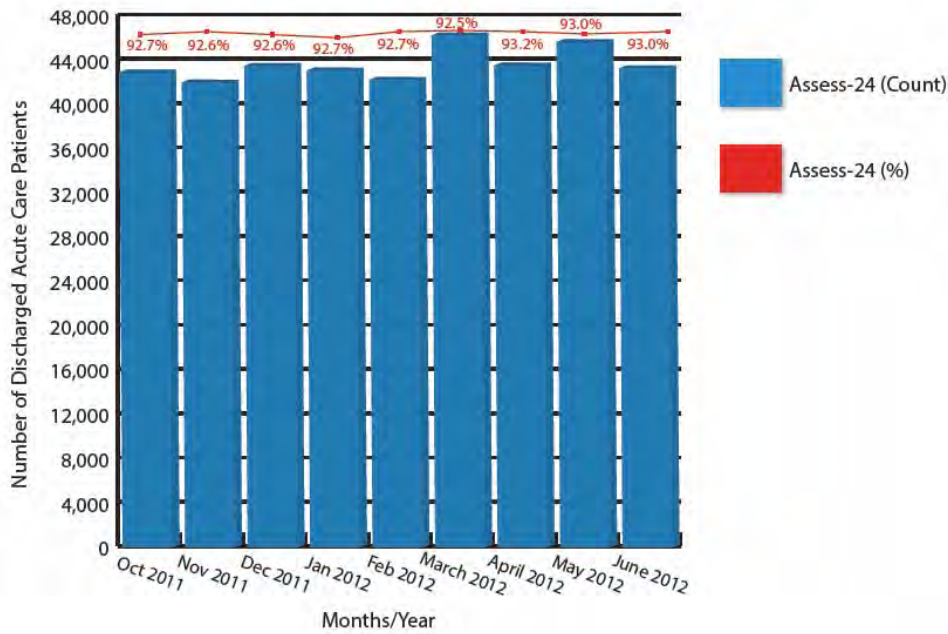


Source: 7/15/12, VANOD RN Satisfaction Survey, FY12, Overall Satisfaction Trend report.

Year	Overall RN Satisfaction				
	Very Satisfied	Somewhat Satisfied	Neither	Not Very Satisfied	Not at all Satisfied
FY09	31.23%	39.33%	10.56%	14.42%	4.46%
FY10	30.44%	38.39%	10.30%	15.92%	4.95%
FY11	28.56%	37.84%	10.58%	16.58%	6.44%
FY12	28.81%	36.10%	11.23%	17.55%	6.31%

National Nursing Data and Demographics (cont.)

VHA Skin Risk-Admission Assessment Trend



Assess-24% = % of patients who had a skin risk assessment within 24 hrs. of admission.

Obtained as follows:

Assess-24 Count (Numerator): The number of discharged Acute Care patients with an Initial Skin Risk Assessment (Initial Assessment and Braden score) recorded within 24 hrs. of admission with a length of stay 24 hours or longer.

Discharges LOS 24 hrs. or longer (Denominator): The number of Discharged Acute Care patients with a length of stay 24 hours or longer.

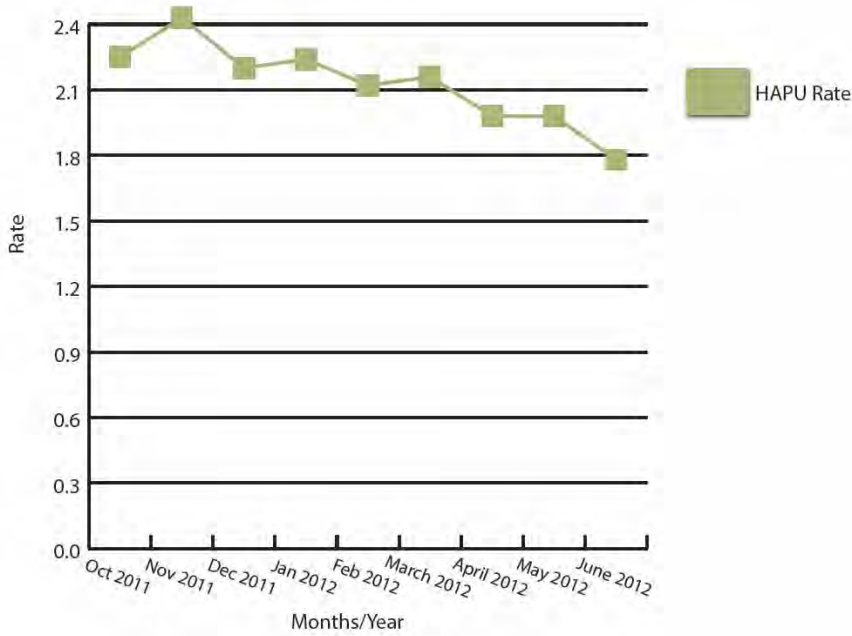
Calculate as: Numerator / Denominator x 100 (**Higher is Better**)

Source: 7/13/12, VANOD Skin Risk by Nursing Unit Cube, All VHA, VHA Trend, Assess-24; All Facility Complexities, All Acute Care Nursing Units, Measure – Assess-24%; by discharge months October 2011 to June 2012.

	OCT 2011	NOV 2011	DEC 2011	JAN 2012	FEB 2012	March 2012	April 2012	May 2012	June 2012
Assess-24%	92.7%	92.6%	92.6%	92.7%	92.7%	92.5%	93.2%	93.0%	93.0%
Assess-24 Count	42928	42011	43511	43103	42254	46271	43553	45671	43295
Discharges LOS 24hrs or longer	46,293	45,370	46,968	46,476	45,596	50,039	46,473	49,099	46,536

National Nursing Data and Demographics (cont.)

VHA Hospital-Acquired Pressure Ulcer Rate Trend



Source: 7/13/12, VANOD Skin Risk by Nursing Unit Cube, All VHA, All Facility Complexities, All Acute Care Nursing Unit types, October 2011 through June 2012, Hospital-Acquired Pressure Ulcer Rate (HAPU).

	OCTOBER 2011	NOVEMBER 2011	DECEMBER 2011	JANUARY 2012	FEBRUARY 2012	March 2012	April 2012	May 2012	June 2012
Assess-24%	638	671	621	638	582	648	602	631	538
Assess-24 Count	2.3	2.4	2.2	2.2	2.1	2.2	2.0	2.0	1.8
Discharges LOS 24hrs or longer	283,052	275,682	282,722	284,528	274,094	300,070	303,702	319,443	302,181

New Nurse Executives

"UP NEXT" New Nurse Executives For FY12



Debra Lynn Legg, RN, MSN
VISN 6 – Beckley VAMC
Mentor: Rosemary Westerman



Katheryn Cook, RN, MSN
VISN 10 – Cincinnati VAMC
Mentor: David Przestrzelski



Jo-Ann Ginsberg, RN, MSN
VISN 23 – VA Black Hills HCS
Mentor: Polly Baird



Kathleen Barry, RN, MHA, NEA-BC
VISN 5 – Washington DC VAMC
Mentor: Liz Weiss



Kathryn Bucher, RN, MSN
VISN 18 – Albuquerque VAMC
Mentor: Sandy Leake



Judith Broad, RN, MSN, PhD
VISN 12 – Tomah VAMC
Mentor: Patricia Mathis



Virginia Rayburn, RN, MSN
VISN 10 – Columbus VAMC
Mentor: Sue Preston



**Agnes Therady, RN, MSN, MBA,
NEA-BC, FACHE**
VISN 9 – Lexington VAMC
Mentor: Karen Spada



National Nursing Awards

2012 Secretary Award for Nursing Excellence and Advancement of Nursing Programs Winners

- ❖ **Registered Nurse**
Patricia T. Lucas, RN, BSN, MS
Washington, D.C. VA Medical Center, Washington, D.C.
- ❖ **Registered Nurse (Expanded Role)**
Kathleen Dunn, MS, RN, CRRN, CNS-BC
VA San Diego Healthcare System,
San Diego, CA
- ❖ **Licensed Practical Nurse**
Michele Price, LPN
VA Illiana Health Care System, Danville, IL
- ❖ **Nursing Assistant**
Theresa Allen, NA
Erie VA Medical Center, Erie, PA
- ❖ **Nurse Executive**
Rebecca Kordahl, RN, MBA, NEA-BC
William S. Middleton Memorial Veterans Hospital,
Madison, WI
- ❖ **Director**
Jonathan Gardner, MPA, FACHE
Southern Arizona VA Health Care System, Tucson, AZ

2012 ONS Innovations Award Winners

The VHA's ONS Innovation Awards is an annual national recognition program created and launched in 2003, to recognize nurse-led interdisciplinary improvement initiatives and innovations that influenced practice and system-wide initiatives.

The ONS Innovation Awards Program recognizes ten programs and/or innovative initiatives each year, specially selected by a panel of nursing experts. Each team receives a \$10,000 group incentive award.

The 2012 ONS Innovation Awards theme was "Prospective Risk Management: and Sustaining the High Reliability Organization." Congratulations to the 2012 winners:

Striving For Zero Avoidable Pressure Ulcers: An Interprofessional Commitment to Achieving & Sustaining Excellence

VISN/Facility:

9–James H. Quillen Veterans Affairs Medical Center

Team:

Mona M. Baharestani, PhD, APN, CWON, FACCWS
Stephanie Cox, RN, BSN, CWCN
Polly Whitaker, RN, BSN, CWS
Teresa Burkey, RN, BSN, CWS
Kristi Marshall, RN, BSN
Jonathon Pollitte, MD
Melissa Maya, LPN
Diana Moore, PTA
Michelle Shively, RN, BSN

Ensuring Excellence in End of Life Care for Veterans

VISN/Facility:

6–Salem VAMC

Team:

Dorothy Rizzo, MSN
Laura Hart, PA-C

Code STEMI: Enhancing Care of Patients with ST Segment Elevated Myocardial Infarctions

VISN/Facility:

15–John J. Pershing VA Medical Center

Team:

Kristie Harmon, RN, BSN
Sydney Wertenberger, RN, MSN, NEA-BC
Bradford Davis, RN, BSN
Dr. Vajayachandran Nair
Melody Morris
Terry Farmer, RN
Angela Wallhauser
Melinda Young, RN, MSN

Nurse Led, Interdisciplinary Approach to Reducing Readmissions Utilizing Project Reengineering Discharge (RED)

VISN/Facility:

21–Palo Alto HCS (Palo Alto)

Team:

David Renfro, MS, RN, NE-BC

Roberta Oka, RN, ACNS/R

Evann Hall, RN

Gloria Martinez, MS, RN, NEA-BC

Paul Helgerson, MD

Robyn Medcalf, SW

Sandra Parkes, RN

Linda Frommer, Veteran and Family Centered Care Coordinator

Integrated Fee/Non-VA Care Services: A unique Patient Care Approach

VISN/Facility:

6–W.G. “Bill” Hefner VAMC

Team:

Melissa Zimmerman, RN, MSN

Kelley Miller, MAS

Gregory Scott, MD

Tamara Monroe, MAS

Using Simulation With Interprofessional team Training to Improve RRT/Code Performance

VISN/Facility:

4–Philadelphia VAMC

Team:

Patricia Dillon, PhD, RN

Helene Moriarty, PhD, RN

Gregg Lipschik, MD

Steven Hickens, BSN, RN

Sandra Shlifer, MSN, RN

Anthony Au, PharmD

Maria Carpenter, MSN, RN

Supporting Veterans & Their Caregivers After Hospital Discharge: The Transitional Care (TLC) Partners Program

VISN/Facility:

6–Durham VA Geriatrics Research Education, and Clinical Center

Team:

Cristinia C. Hendrix, DNS, GNP-BC, RN

Sabrina Forest, DNP, ANP-C, RN

Sara Tepfer, MSW, LCSW

Jeannette Stein, MD

Valerie Fox, OTR/L

Assuring Inpatient Bed Availability with Nurse-Led Multidisciplinary Discharge Huddles

VISN/Facility:

18–Southern Arizona VA Health Care System

Team:

Donna Cole-Beyer, RN, MSN

Mary R. Walter, RN, ADPCS

Susan Wood, RN

Diana J. Smith

Kari A Roether, RN

Albert M. Dobbins

Florence A Gores, RN

Betsy Coss, LCSW

Reducing Catheter-Associated Urinary Tract Infections Through the Implementation of the Bladder Management Protocol

VISN/Facility:

1–VA Boston Healthcare System

Team:

Vanessa Coronel, RN

Gilda Cain, RN

Lori Lerner, MD

Redesigning Care to Decrease Readmission Rates – Patient with Congestive Heart Failure (CHF)

VISN/Facility:

4–VAMC Wilmington

Team:

Collen Donahue, BSN, RN, CCM

Mary Alice Johnson, MS, RN, ADPCS

Michelle Lai, PharmD

Margret Felton, RD

Veterans and VA Nurses Together Create a World-Class, Personalized Healthcare Experience



From left to right:

Erin Fallis, Acute Med/Surg (7C), RN; Cindy Hanson, SCI, RN; Julia Shook, Acute Med/Surg (7C), RN; Patricia Stright, Primary Care (Yellow Clinic), NP; Austin Moore, 10A1; Kristy Fritz, Acute Med/Surg (7C), RN (Deputy Program Manager); Bruce Bacon, SCI, RN; Lou Yang, Primary Care (Yellow Clinic), LPN; Lauren Sepahpanah, SCI, RN; Roy Heathcoat, Veteran; Nancy Korth, ADPNS, RN (Acute Care Nursing DM); Dennis Radler, Veteran; Amy Tyger, 10N; Alan Lewis, Veteran; Mary Regozzi, SCI, RN; Michael Thomas, Veteran; Cathy Rick, 10A1; Holly Emmer, Acute Med/Surg (7C), RN; Charles Hareng, Veteran; Beth Taylor, ADPNS; Stephen Hoyer, SCI, RN; Donna James, Primary Care (Yellow Clinic), RN.

Acknowledgements

The Office of Nursing Services would like to thank everyone who contributed to the development of this year's annual report. This work could not have been produced without all of your dedication and hard work.

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