

State of the Art Meeting
November 2023









Work Group 1a:

Optimizing Nursing Practice: Pressure Injury



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Workgroup Members- Thank you!

Work Group Facilitator

Christine Olney, PhD, RN

Work Group Recorder

Elizabeth (Lisa) Burkhart, PhD, RN, ANEF

Work Group Members

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Scope of Problem

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VHA's goal is to eliminate avoidable pressure injuries across the organization

- ☐ Most pressure injuries are avoidable
- □PrI affected by non-modifiable and modifiable factors
- ☐ PrIs are costly and impact quality of life
- ☐ Increases morbidity and mortality

HRO Priority to Action Zero Harm Measure: Pressure Injury (FY 24)



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Research priorities

□HRO Communication/collaboration: What strategies improve systems of communication and collaborations across VA program offices/departments, interprofessional teams, and between Veterans and providers in the prevention and treatment of pressure injuries across all settings. (FY 2024-2026)

☐Address gaps:

- Inconsistent communication across service lines
- Delayed treatment and resource access



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Research Priorities

- □ HRO Best practices: Evaluate effectiveness of standardized skin bundle and assess barriers and facilitators to implementation. (FY 2025-2027)
- ☐Address gaps
 - Lack of standardization in assessment and prevention of pressure injuries (HRO FY 2024 skin bundle development)



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Research Priorities

□HRO Education: What strategies can be used to develop foundational knowledge of pressure injury risk factors, prevention, detection, and care across VA interprofessional healthcare providers and caregivers (2024-2028).

☐Address gaps

 Lack of PrI basic knowledge across healthcare clinicians and caregivers



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Research Priorities

□ Data quality and completeness: Improve collection, interpretation/use, and reporting of VA PrI data to guide and track primary prevention. (2024-2026)

☐Address gaps

- Lack of accuracy and consistency in data collection
- Lack of standardization in reporting Prl data



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Research Priorities

□ Technology for prevention: What are the best uses of technology to facilitate identification of risk factors, monitoring, primary prevention, and early detection of pressure injury with a focus on whole person care (2024-2034).

☐Address gaps

- Lack of access to community and rural settings
- Need for cost effective technology



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Research Priorities

- □Technology for treatment: How can technology and data be best used to improve treatment and reduce recurrence of PrIs (2024-2034).
- ☐Address gaps
 - Lack of standardized formulary
 - Barriers in accessing and adopting new technologies



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Research Priorities

- □ Veteran engagement: How can the voice of the Veteran be best integrated into PrI risk identification, prevention, and early detection (2024-2034).
- ☐Address gaps
 - Lack of contextual assessments associated with Veteran life
 - Dissonance in clinician and Veteran perspectives



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Research Priorities

☐ Health disparities: How can innovative technology be leveraged to reduce disparities in PrI prevention, detection, treatment and recurrence (2024-2034).

☐Address gaps

- Lack of tools for early identification of PrI risk and to detect PrIs in Veterans with dark skin tones
- Delayed detection of Prls in Veterans with darker skin tone, SCI, older adult, and Veterans living in rural areas

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Suggested Policy Recommendations:

- Leadership support for broadening interprofessional education and practice
- 2. Leadership to provide timely communication and action across service lines to address PrI prevention and treatment.
- 3. Leadership support for standardizing pressure injury data collection and use.
- 4. Envision a national wound program to oversee research to practice pipeline (e.g., Women's Health Research Network, Precision Oncology).
- 5. Include Veterans on research teams.



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Workgroup 1b

Optimizing Nursing Practice R/T Social Determinants of Health AND Care Coordination



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Workgroup 1b Members

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SDOH Priority Questions

- 1. What are the barriers and facilitators to nursing staff screening Veterans for SDOH across different settings (home health, primary care & specialty care clinics, inpatient, long-term care)?
- 2. What is the nurse's role in identifying and coordinating interdisciplinary awareness, education, data collection on SDOH in practice?
 - How does this vary by education/training/certification and practice setting?
- 3. What more can nurses do to address SDOH beyond social work referral?
 - What resources, skills, and education may nurses need to address adverse SDOH affecting Veterans?
 - What actions can nurses take at a systems level to address adverse SDOH that affect Veterans?
- 4. What nursing outcomes and patient health outcomes of interest should be included in SDOH research? How do nurses' actions (or inaction) to address SDOH impact:
 - patients' health outcomes (e.g., well-being),
 - system-level outcomes (e.g. health care utilization), and
 - nursing specific outcomes (e.g., time spent in coordinating care)?



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SDOH DQ1: Barriers & facilitators to identifying and addressing SDOH

Barriers & Facilitators overlap

Barriers	Facilitators
 Lack of system support Role definition Patient-nurse relation Time Knowledge and education 	 System incentives at all levels Care coordination Tools (IT/EHR) Potential dedicated workforce Interdisciplinary support
6. Veteran culture/community	



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SDOH DQ1: Structure (i.e., organizational level)

Priority Areas for Research

 To examine VHA organizational structures and processes that support nurses' ability to identify and address SDOH/social needs

Organizational structure includes workforce roles/responsibilities, work environment, tools, incentives (accountability, goal-alignment, collaboration), interdisciplinary approaches, universal implementation of a screening (standardized screening, list of social risk domains)

Organizational level can be VHA, facility, unit, etc.



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Priority Areas for Research

- 1. What are nursing roles in identifying & addressing SDOH/social needs? Nursing encompass nursing assistants, LVNs, RNs, APRNs, nursing leadership.
- 2. What nursing interventions related to SDOH impact outcomes?

 Nursing interventions include screening/assessment, communication, care coordination, education/training, etc.

Outcomes include Veteran-centered outcomes, system /operation outcomes, nursing outcomes, etc.



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SDOH DQ4: Outcomes

Priority Areas for Research

- Develop and validate measures that capture nurse's workload as relates to SDOH (e.g. screening, coordinating, follow-up).
- 2. Explore patient experiences related to nursing strategies to address SDOH and how can that be translated into outcomes.
- 3. Evaluate feasibility, acceptability, and usability of current and emerging SDOH nursing interventions.



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SDOH DQ1: Structure (i.e., organization level)

Policy Recommendations / Considerations

- 1. Competing demands and human power limit the time nursing has to assess Veterans' social needs.
- 2. Education and training to build competency in SDOH.
- 3. Nurses are at the front line and a point of contact for every Veteran who receives care a the VHA. Therefore, they are well-positioned to assess and respond to SDOH/social needs.
- 4. Engage all levels when developing policies.
- 5. Alignment of accreditation and regulatory mandates for SDOH activities.



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Care Coordination / Integrative Case Management Priority Questions

- 1. What care coordination, care management, or case management interventions (or practice) have promising evidence but need further study to fill evidence gaps?
 - a. What approaches or technology exist for care coordination of high-risk populations (i.e., complex care patients)?
 - b. Which clinical care settings or patient groups have greater need of care coordination, care management, or case management interventions (e.g., oncology, mental health/substance abuse)?
- 2. What are the barriers to delivering care/case management interventions for patients with basic, moderate, complex care needs across different settings?
- 3. What information and data are needed to assess outcomes of care coordination, care management, or case management interventions?
 - a. What outcomes would indicate effectiveness of the interventions?
 - b. What measures (encompass outcomes and/or processes, for example nurse-sensitive indicators) should be considered for assessment in clinical program evaluations of nursing led interventions for care coordination, care management, or case



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Care Coordination Priority Area 1: Quality

Priority Areas for Research

- 1. Validate tools to identify who needs care coordination and who benefits from it (e.g., risk assessment tool).
- 2. Evaluate the extent to which access and delivery of care coordination is equitable.
- 3. Define and measure quality of care coordination across patient populations, levels of need, and practice settings.



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Care Coordination Priority Area 2: Contributions

Priority Areas for Research

1. Evaluate nurses' contributions to patient outcomes through care coordination continuum in established models.

In established models, what is the nurses' role, how is the nurse involved, led, partnered in care coordination, what are specific things that they are doing and is what they are doing improving patient outcomes.

Established models: PACT, TCM, Collaborative Care, Home-based primary care (HBPC), etc.

Settings: specialty, primary care, home care, etc.

2. Evaluate care coordination continuum efforts and outcomes to promote research and practice partnerships.



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Care Coordination Priority Area 3: Outcomes

Priority Areas for Research

- Understand patient lived experiences in the care coordination continuum.
- 2. Evaluate nurses' experiences in care coordination.
- 3. Examine models of care coordination to improve outcomes.



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Policy Recommendations/Considerations

- 1. Identify ways to synergize coordination efforts.
- 2. Engage constituents, including direct care nurses, impacted by care coordination practice in all levels of program planning, development, and implementation.
- 3. Employ standardized core competencies for VHA care coordination continuum.
- 4. It is important to recognize the care coordination activities of nurses who may not be specifically in care coordinator roles.



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Workgroup

Strengthening the Nursing Workforce



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Work Group Members

Laura Petersen – Co-Lead Tracy Weistreich– Co-Lead

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Workgroup Topics

- 1) What models/aspects of nursing care and approaches to staffing are in need of further research to establish feasibility and impact on patient, nurse, and care delivery and health system outcomes?
- 2) What information or data are needed to make appropriate decisions or to know that the right decisions have been made with respect to staffing and models of care?



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BLUF:

- □Limited evidence for models of care and staffing that are ready for enterprise-wide implementation. This is largely due to data limitations.
- □We propose investing in a center of excellence that supports the enculturation of clinical inquiry and nursing research across the VHA nursing workforce.
 - Goal: Develop a data infrastructure to support dynamic analytic datasets of nursing care and staffing models that will facilitate research on a broad range of patient and nursing outcomes

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Framing

- VA's health care priorities and enablers
- VA's four statutory missions
- 2022-2023 VHA Nursing Workforce Strategic Plan
- Inclusion, diversity, equity, and access (IDEA)
- Integrity Commitment Advocacy Respect Excellence (ICARE)
- High reliability organization (HRO)



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Preface

- 1. Nursing as a service rather than a line item.
- 2. Tension: Work to top of license vs. Everything that touches the patient goes through the hands of a nurse.
- 3. Nurses need support from other staff (e.g.,housekeeping)
- 4. Prioritize relationship-based care
- 5. Researchers and operational users need better access to the data that VA already has
- 6. For the purposes of the presentation, we explored, discussed, and captured nuances between acute care and long term care/residential care and have focused on cross-cutting topics.



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Research recommendations

- ☐ Define models of care within VA for acute care, long-term care, and residential care
- □ Develop, implement, evaluate, and sustain evidence-based models of care to improve outcomes and expand access
- Determine what nursing and non-nursing roles (including (# housekeepers, RTs, phlebotomists, etc.) are necessary for the effective provision of nursing services by unit type and nursing model employed
- □Need definitions of care, variations, and who is implementing the different models of care (can't do research on the varied models until we define the models) (could be a policy implication)



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Research recommendations

- □ Evaluate the relationship (likely non-linear) between staffing levels **at the unit level and across complexity levels** and patient outcomes.
- □ Evaluate whether and the extent to which the VA staffing methodology produces high quality, safe, patient-centered care and positive outcomes for patients and nurses.
- □ Evaluate use of data generated as part of routine care to assess staffing and workload.



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Research recommendations

- □ Assess the efficacy of existing staffing tools available for decision-making and how they affect outcomes
 - Identify the variables that should be included
 - Develop, validate, implement, and evaluate technologies and tools to support real-time decision-making



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Research recommendations

- □ Assess evidence base for existing nursing sensitive indicators and patient outcomes.
- ☐ Develop and expand the set of evidence-based nursing sensitive indicators.
- □ Expand the set of real-time measures of ability of nurses and other team members to complete their work during their shift (e.g. failure to provide pain meds within 30 minutes)



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Research recommendations: Technology

Technology	has a la	irge impac	ct on nur	sing workl	oad, wor	kflow, ar	nd
satisfaction	(e.g. BC	CMA cart; i	informati	on and co	mmunica	ation tecl	hnologies;
sensors and	d robotic	s; artificial	l intellige	nce/mach	ine learr	ning; EHF	₹).

- □ How is nursing impacted by technology change; how does technology fit in a model of care (e.g., telehealth) and how does it impact effectiveness and what is the impact on the nursing experience and patient-centered outcomes?
- ☐ Assess nursing documentation burden and determine what is essential to patient care. How can AI reduce documentation burden?
- Where does Al fit into staffing, and how can Al be integrated to support workflow and improve patient care? What are the ethical considerations of using Al?



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Research recommendations: Technology

☐ How does de-implementation, modification, and improvement of
technology improve care? How do we de-implement technology? As things
are added, can some things be dropped as we gain efficiency from new
technology?

- ☐ When technology is added, how to adjust allocation of staff time as a result?
- ☐ Utilizing simulation for the design and implementation of new technology.
- □ Nurses should be involved in development, purchase, and implementation plans for technology.
- ☐ Describe the role and experience of the nurse in using and implementing technology



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Policy/Legislative recommendations

- □ Expand the staffing methodology policy including developing minimum recommendations for staffing beyond nursing (e.g., housekeeping) that have an impact on patient care delivery
- ☐ Develop infrastructure to assess non-nurse staffing
- □Establish evidence-based nursing and non-nursing support staff needed to ensure that nursing services can be effectively delivered (# housekeepers, RTs, phlebotomists, etc.) for each kind of unit for facilities of different complexity [similar to what is done for primary care]
- ☐ Parity of 72/80 for LPNs, NAs



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Barriers

- **□**Data
- **□**Infrastructure
- **□**Culture



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Research core recommendations

- □Limited evidence for models of care and staffing that are ready for enterprise-wide implementation. This is largely due to data limitations.
- □We propose investing in a center of excellence that supports the enculturation of clinical inquiry and nursing research across the VHA nursing workforce.
 - Goal: Develop a data infrastructure to support dynamic analytic datasets of nursing care and staffing models that will facilitate research on a broad range of patient and nursing outcomes



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Work Group 3: Inspiring an Industry-Leading Culture

"Never let a good crisis go to waste" - Churchill

Work Group Co-leads:

Sheila Sullivan, PhD, RN, EBP-C Cathy Battaglia, PhD, RN, FAAN Ann Kutney-Lee, PhD, RN, FAAN



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Workgroup Members

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Focus Areas

- Four areas of focus:
 - Nurse wellbeing
 - Work environment
 - Workplace violence
 - Role of nurse scientists

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Discussion Questions

- What system-level interventions or models have been shown to address these focus areas?
- What is the evidence about acceptability, feasibility, barriers to implementation, sustainability, and cost of existing interventions?
- What system-level interventions or models are promising and in need of further research to establish their feasibility and impact on Veteran, nurse, and VHA outcomes?
- What evidence-based measures are currently available in VA?
- Are the measures valid, reliable, appropriate, and sufficient to guide implementation of interventions?
- What information or data are missing, but needed to make appropriate decisions?



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Important Issues Discussed

- Interconnectedness
- Urgency & Crisis
- Research opportunities from discovery to implementation
- Organizational issues, not individual
- Nursing voices no research on nurses without nurses
- Implementation & deimplementation
- It's not a me problem, it's a we problem

The time to act is now



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Nurse Wellbeing

- Knowledge Gaps/Research Questions
 - System-level + individual-focused interventions
 - Evaluate, standardize, and scale existing VA interventions
 - Longitudinal comparison between high/low wellbeing performers & identify best practices for replication
 - Balance privacy with discovery
- Policy Recommendations
 - Define wellbeing for VA staff
 - Enforce current staffing methodology
 - Nurse leadership should be on executive leadership team
 - Require executive dyad decision making
 - Workforce RFAs require workforce engagement board



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Nurse Wellbeing

- Data Sufficiency & Needs
 - Equity of money spent on RN wellbeing compared to other professions
 - De-silo AES data to show wellbeing ROI
 - Standardize data identifiers individual, unit, facility
- **Dissemination Strategies**

 - National media strategy
 ONS directives and enforcement capability will be required
 - ONS/NCOD partnerships
- **Partners**
 - Diffusion of Innovation
 - ONS
 - Office of Patient Centered Care & Cultural Transformation
 - NCOD
 - **REBOOT**
 - Governance Board for VHA



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Work Environment

- Knowledge Gaps/Research Questions
 - Not the WHAT, but the HOW and the WILL and the ROI
 - How to use external experts to guide internal processes
 - What is the effect of an interprofessional executive leadership team on work environment?

- Policy Recommendations
 - ADPCS staffing methodology appeals process
 - Cross-walk of Magnet/Pathways/AACN and VA programs/measures (REBOOT, Whole Health, LHS, HRO)



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Work Environment

- Data Sufficiency & Needs
 - Data standardization and cross-walk of existing data
 - AES + ePeformance + HR Systems + Novel data sources = ROI Artifacts for documentation of adherence

 - Interactive RN work environment data dashboard
 - Valid and reliable work environment scales reported at unit level
- Dissemination Strategies
 - National strategies with VA Secretary, Undersecretary, and CNO

 - National media strategy
 ONS directives and enforcement capability will be required
 - ONS/NCOD partnerships
- Partners
 - ONS
 - NCOD
 - OHE
 - **Human Resources**



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- Knowledge Gaps/Research Questions
 - Awareness & effectiveness of interventions to prevent, address, and respond to violent behavior
 - Incidence & longitudinal effect of workplace violence
 - Impact of trauma-informed post-violence debrief/huddle with employees and patient
 - Barriers to reporting and understanding why nurses don't report
 - Employee & patient predictors of workplace violence in VA
 - Evaluating different screening tools for patients and families
- Policy Recommendations
 - Provide same prioritization for employee safety as patient safety
 - Published in peer reviewed journals OSHA
 - Zero tolerance with immediate escalation
 - Legislative relief



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Workplace Violence

- Data Sufficiency & Needs

 - Single point workplace violence reporting
 Estimate of cost of workplace violence in terms of occupational injuries,
 comp time, workers comp, turnover
 Widely available reporting data to all employees
- **Dissemination Strategies**

 - National awareness campaign ONS directives and enforcement capability will be required
 - ONS/NCOD partnerships
- **Partners**
 - Diffusion of Innovation
 - **Employee Health**
 - Office of Workplace Violence Prevention Program
 - **VA** Police
 - **Facilities**
 - NIOSH
 - **OSHA**
 - Congress
 - Prevention & Management of Disruptive Behavior



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Role of Nurse Scientist

- Knowledge Gaps/Research Questions
 - Who are nursing scientists, what are their roles, what is their impact?
 - What are outcomes of success for nurse scientist?
 - What is the pathway for nurse scientist in the VA?
 - Value proposition: What is it that nurse scientists do that other scientists don't do?
 - Inter- and intra-disciplinary collaboration opportunities
- **Policy Recommendations**
 - Integration of nurse scientists into existing VA research infrastructure
 - Create and sustainably fund Center for Nurse Science and **Clinical Inquiry**



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Role of Nurse Scientist

- Data Sufficiency & Needs
 - Reliable identification of nurses who are principal investigators of original research
 - Role definition and standardization
 - Number of RN postdocs across VA programs
- Barriers
 - No clear career development pathway for nurse scientist in VA
 - Lack of dedicated postdoctoral fellowship for nurses
 - Eliminated PhD as priority for education funding
- Partners
 - OAA
 - Academic Affiliates
 - COIN/HSRD
 - Military



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Overall Recommendations for VA

- Eliminate silos and hierarchies through increased data access and increased professional diversity, equity, and inclusion
- Provide same prioritization for employee safety as patient safety
- Succession planning for nurse leaders
- Enduring organizational commitment



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Thank you!

