Nursing SOTA Overview

November 8, 2023

Amelia Schlak, PhD, RN
SOTA Co-Chair
AAAS Science and Technology Policy Fellow
Health Services Research and Development

Agenda

/ Background
/ Goals and Process
/ Overview of Nursing Workforce Strategic Plan
/ Charge to work groups

VA Office of Nursing Services   VA Health Services Research & Development

Nursing Research Agenda
State of the Art Meeting
November 2023
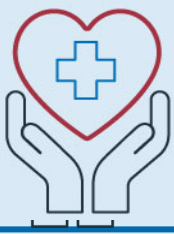
Goals of the Nursing SOTA

Bring together clinical experts and researchers

Review the state of the science in a specific area

Assess whether current evidence is in line with VA practice and policy

Identify policy and practice recommendations for clinical leaders

Identify research gaps and recommendations for needed research to ORD

Alignment with the Quintuple Aim

- Ensure Equity
- Improve Outcomes
- Veterans
- Support Workforce
- Increase Access
- Decrease Cost

Nundy S, Cooper LA, Mate KS. The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity. JAMA. 2022;327(6):521–522. doi:10.1001/jama.2021.25181

Why focus on Nursing?

Nurses span the entire care continuum and are involved in virtually every aspect of patient care.

VA is the largest employer of nurses nationally and has unique data on nurses.

VA can set the standard for nursing care.

Who is represented at the SOTA?

Research
- VA Researchers
- External Investigators
- National Institute of Nursing Research (NINR)
- Office of Research and Development (ORD)
  - **HSR&D**
  - **RR&D**
  - **QUERI**

VA Program Offices
- **Office of Nursing Services (ONS)**
- Workforce Management and Consulting (WMC)
- Office of Patient Centered Care and Cultural Transformation
- Assault and Harassment Prevention Office
- National Center of Organizational Development (NCOD)
- Office of Geriatrics and Extended Care
- Office of Health Equity

Clinical leaders from the field
- Houston
- Philadelphia
- Virginia
- Pittsburgh

SOTA Process: Where we have been

Co-chairs convened planning committee

- Identified main topic areas
- Refined key questions
- Identified subject matter experts to participate in work groups
- Selected pre-conference readings and work group questions

Three Work Groups in alignment with ONS strategic plan

- WG1: Optimizing Nursing Practice (1a and 1b)
- WG2: Strengthening the Nursing Workforce
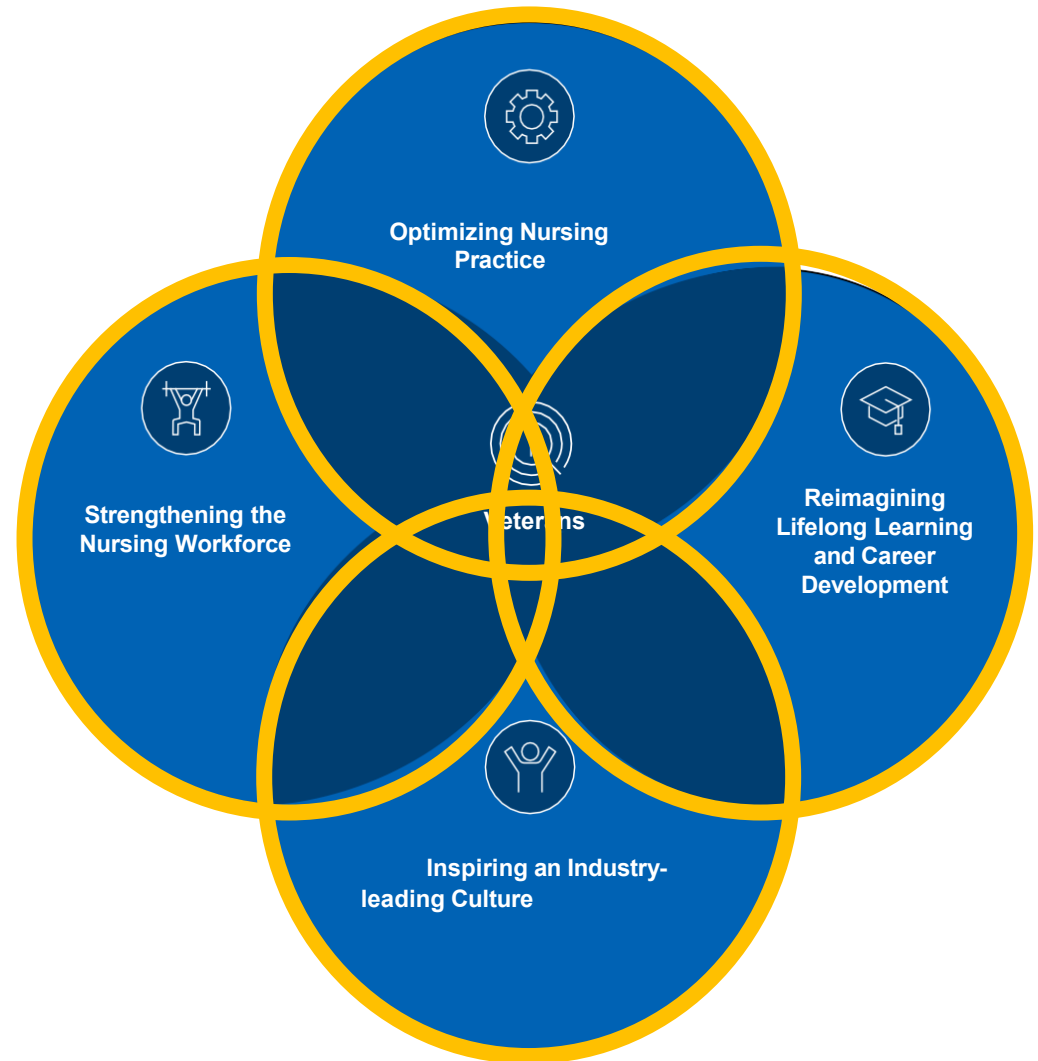- WG3: Reimagining Lifelong Learning & Inspiring an Industry Leading Culture

Alignment with ONS Nursing Workforce Strategic Plan

Sorting Research Priorities

DISCOVERY

What issues or new developments are on the horizon that may need to be considered in research, planning, and policy?

EVALUATION

What research questions do not have sufficient evidence to guide practice/policy?

What VA programs/initiatives need evaluation?

IMPLEMENTATION

Where is the evidence sufficient to move to implementation?

Discuss barriers to implementation.

1. Prioritize research areas.
2. Reach consensus on priorities to be included in Workgroup presentations.
3. **Consider research questions that the VA is uniquely situated to answer.**

Nursing SOTA Products

- Policy or practice recommendations
  - Developed from work group consensus items
  - Should be linked to strong evidence or other clear rationales

- Research agenda > Service directed RFA
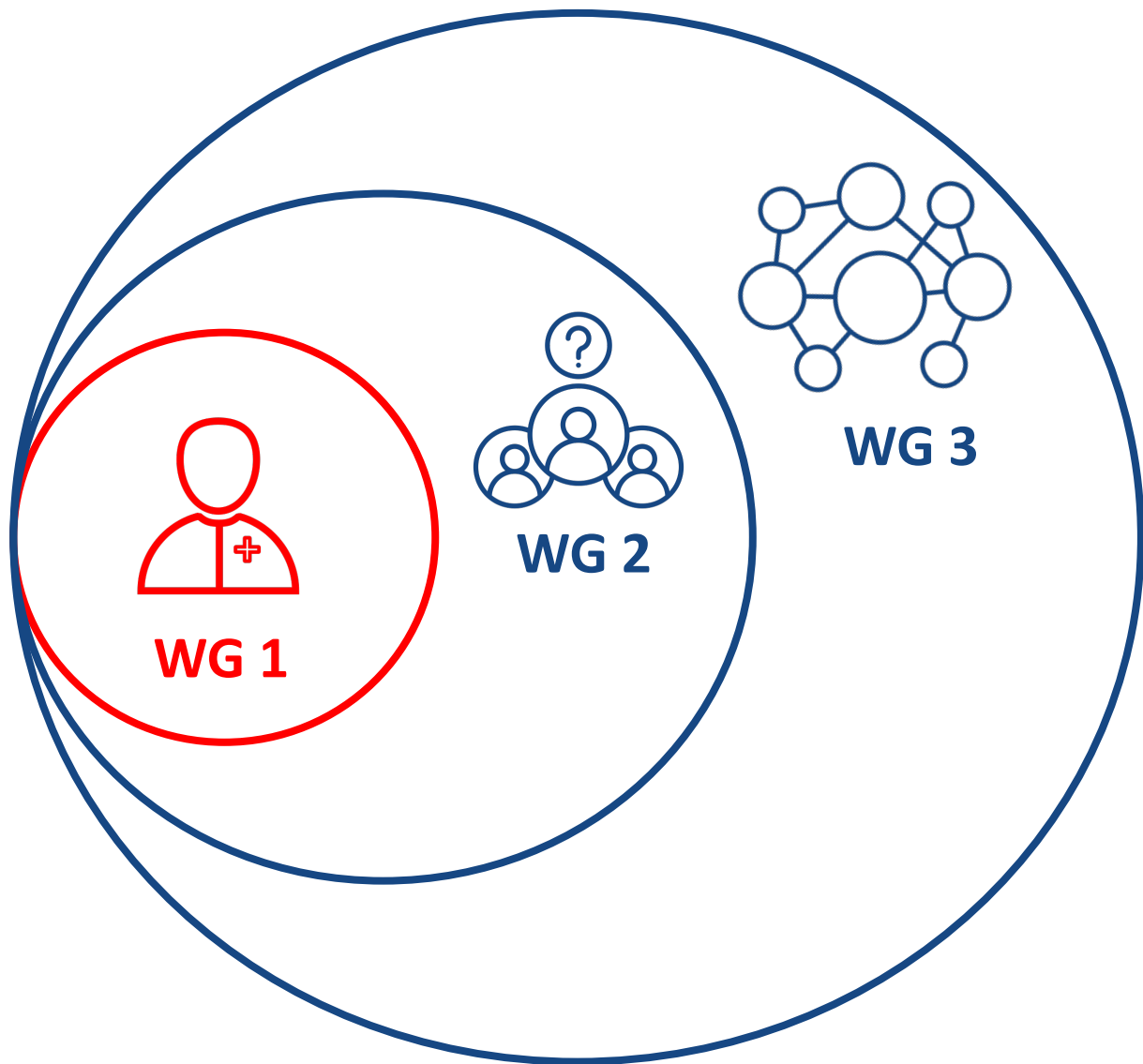 - Based on recommendations from SOTA work groups

- Journal supplement

- Briefing to leadership

- Cyberseminars

Optimizing nursing practice

What nurses do at the point of care related to pressure injury prevention and treatment, care coordination, and the SDoH

WG 1

WG 2

WG 3

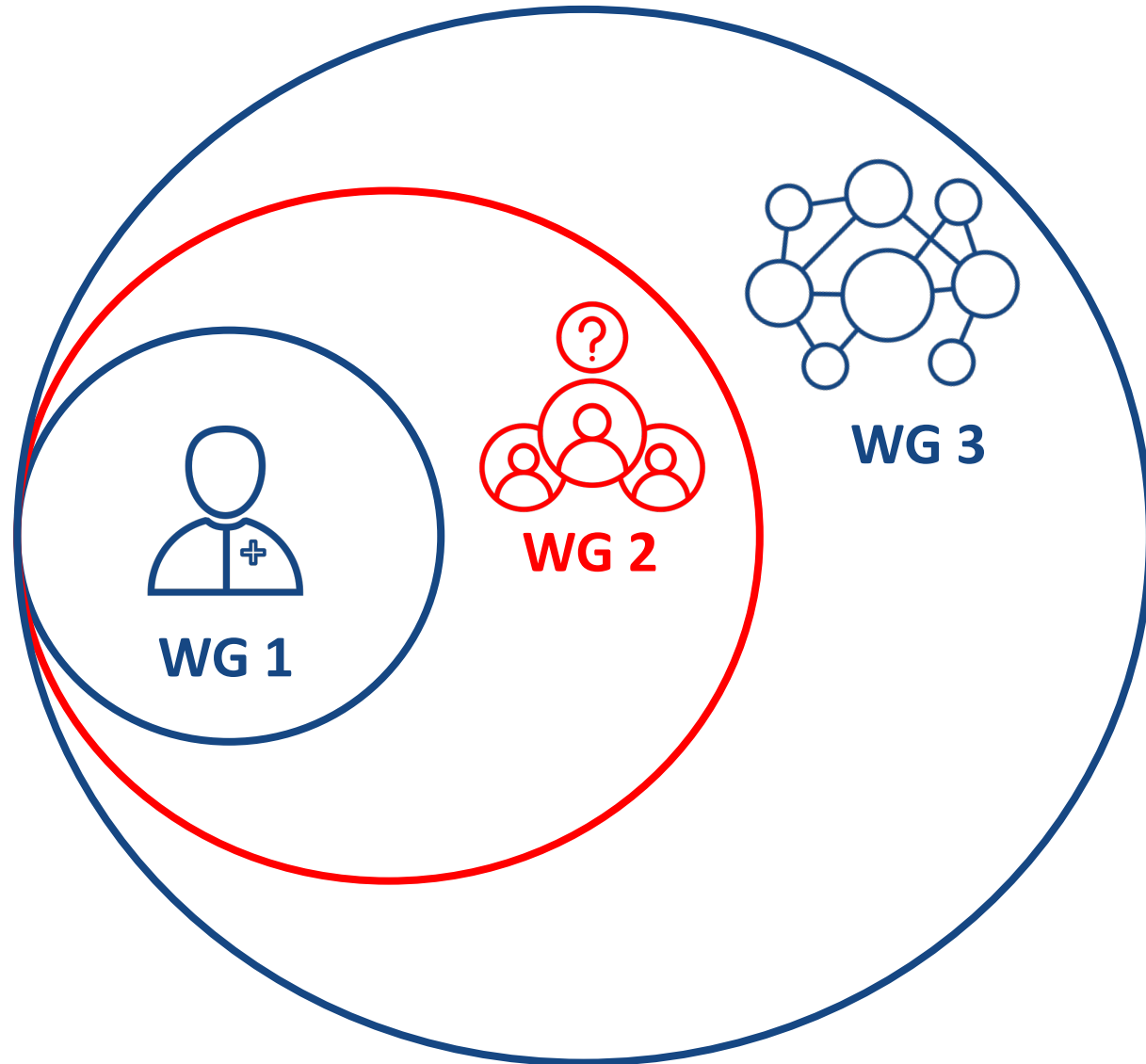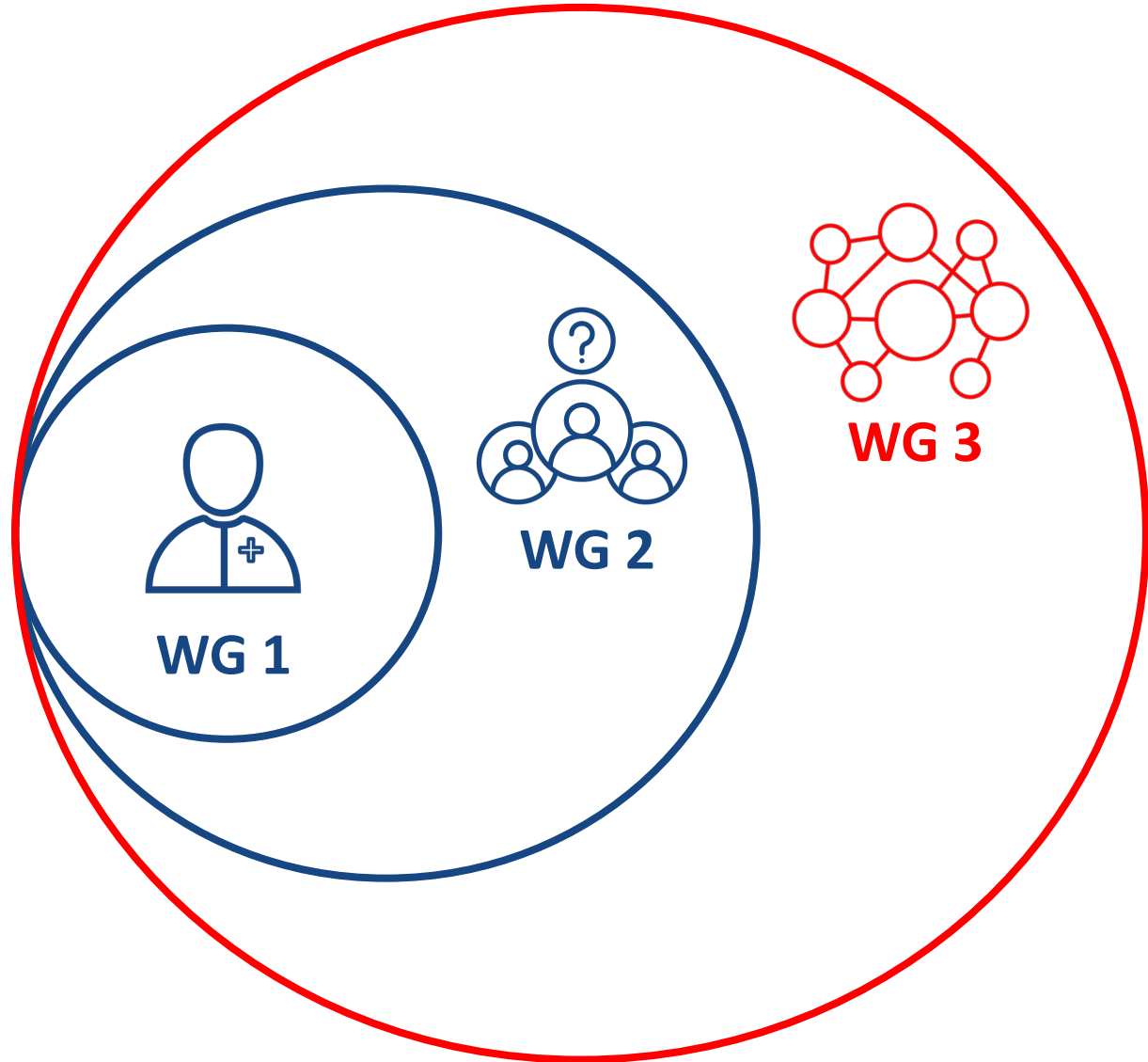**Strengthening the Nursing Workforce**

How nurses are organized and managed (staffing and models of care)

Reimagining Lifelong Learning & Inspiring an Industry Leading Culture

How the environment and organizational context affects nurses and nursing practice

Planning Committee

1. Optimizing Nursing Practice

1a: Pressure Injury
Chris Olney**

1b: SDoH/Care Coordination
Nipa Kamdar**

Members
- Renee Colsch**
- Carole Woodle
- Kathy Rugen
- Elizabeth Tarlov
- Dora Ifon

2. Strengthening the Nursing Workforce

Members
- Laura Petersen**
- Tracy Weistreich**
- Melissa Knox**
- Ciaran Phibbs
- Jade Moore
- Christine Hartmann
- Kirstin Manges Piazza
- Julius Kehinde

3. Reimagining Learning & Inspiring an Industry-Leading Culture

Members
- Sheila Sullivan**
- Cathy Battaglia**
- Ann Kutney-Lee**
- Marguerite Daus**
- Heather Gilmartin
- Kelly Irving
- Mary Jo Pugh

Floating Team: Sarah Krein*, Nicholas Parr, Jerry O'Keefe, Amelia Schlak, Liza Catucci

VA Office of Nursing Services   VA Health Services Research & Development

Nursing Research Agenda
State of the Art Meeting
November 2023

Thank you

SOTA Co-Chairs

- Sheila Sullivan & Sarah Krein

ONS Partners

- Tracy Weistreich, Kathy Rugen, Jade Moore, Theone Fee

SOTA Planning Committee Co-Leads

- Chris Olney & Nipa Kamdar with support from Renee Colsch
- Laura Petersen & Tracy Weistreich with support from Melissa Knox
- Sheila Sullivan, Cathy Battaglia & Ann Kutney Lee with support from Marguerite Daus

Entire SOTA Planning Committee

- See previous slide ☺

CIDER Team

- Jerry O'Keefe, Karen Bossi, Rama Palriwala

Evidence Synthesis Program

- Nicholas Parr

ORD Mentors

- Liza Catucci, David Atkins, Amy Kilbourne

To connect, click I have a Promotional Code under the hhonors Wi-Fi connection.

The code is DVA2023.

VA Office of Nursing Services   VA Health Services Research & Development

Nursing Research Agenda
State of the Art Meeting

November 2023

Current State of the VHA Nursing Workforce Strategic Plan

Sheila C. Sullivan, PhD, RN, EBP-C

Nursing SOTA Co-Chair

Director, Research, Evidence-Based Practice & Analytics
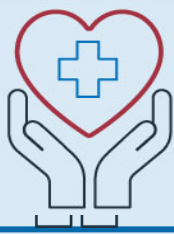
Office of Nursing Services

VHA Nursing Leadership

Dr. M. Christopher Saslo, DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health for Patient Care Services / Chief Nursing Officer
Veterans Health Administration

Dr. Jennifer Strawn, DNP, RN, NEA-BC
Executive Director and Deputy Chief Nursing Officer, Office of Nursing Services
Veterans Health Administration

VHA's Vision Statement

VHA's mission is to honor America's Veterans by providing exceptional health care that improves their health and well-being.

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence based.
As global leaders in nursing, VHA consistently:

Provides Veterans the highest quality of patient- centered care **leveraging evidence-based practices, industry- leading research,** and **innovative care models**

Expands the frontiers of nurse **decision-making autonomy**, **scope of practice,** and **flexibility**

Sets the standard for a **culture of care, career opportunities, holistic impact, mentorship, and growth**

Invests in the individual, the system, and the future of nursing for the purpose of **building excellence** and **delivering on VA's four missions** (e.g., care, education, research, "fourth mission")

ONS Mission: To honor the Veteran through excellence in healthcare delivery

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VA Health Care Priorities and Enablers

Priorities

- Hire faster and more competitively

- Connect Veterans to the soonest and best care

- Serve Veterans with toxic exposures

- Accelerate our journey to High Reliability

- Support Veterans' whole health, their caregivers, and survivors

- Prevent Veteran suicide

Enablers

- Retain, invest in, and support our people

- Scale best practices and drive innovation

- Improve our technology systems and workflows

- Modernize our facilities into the future

- Partner with VSOs, states, advocates, and interagency

"VA's workforce is our number one asset."
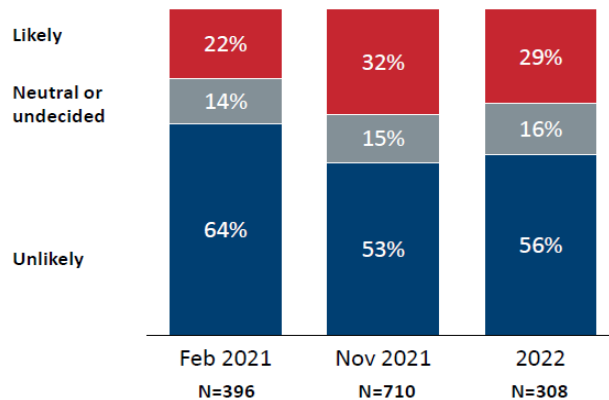
- Denis McDonough, Secretary of Veterans Affairs

Recruitment and Retention (not VHA exclusive)

~30% of surveyed RNs indicated they may leave their current direct patient care positions in the next year

Likelihood of surveyed RNs to leave current direct patient care position in the next year
% of respondents

Likely

Neutral or undecided

Unlikely

	Feb 2021 N=396	Nov 2021 N=710	2022 N=308
Likely	22%	32%	29%
Neutral or undecided	14%	15%	16%
Unlikely	64%	53%	56%

32% more surveyed RNs indicated they may leave in March 2022, as compared to results from February 2021

13% fewer RNs said they were unlikely to leave in March 2022, as compared to results from February 2021

QLEAVE: How likely are you to leave your current position providing direct patient care in the next year?
1. Likely includes "Definitely will leave", "Very likely", and "Somewhat likely"; Unlikely includes "Somewhat unlikely", "Very unlikely", "Definitely will not"

2 years into the pandemic, burnout continues to affect the nursing workforce and staffing shortages are creating major challenges

Occupation	Total leaving (N=23,213)	% of total occupation
CRNA	218	26
NP	1,439	28
CNS	53	26
RN – Level I	2,507	29
RN – Level II	9,686	29
RN – Level III	3,903	30
RN – Level IV	322	31
RN – Level V	79	27
LPN	2,802	26
Nursing assistant	2,204	26

Considering leaving within the next year

- Percentage considering leaving ranged between 26% to 31% across job type
  - 23K survey respondents want to change jobs
  - Estimate of 33K overall nursing workforce accounting for non-respondents

- Not every employee who wants to leave will.
  - VA data indicates 16% turnover rate among RNs for FY23 and 22% for other nurse types
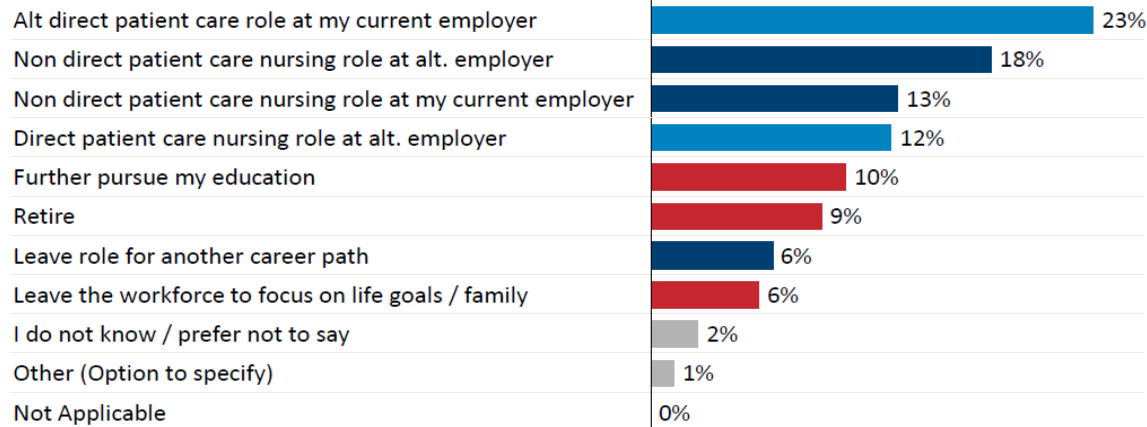 - RN turnover rate of 22.5% recently reported by NSI among 273 hospitals

Where are they going now? (Not VHA Exclusive)

Intended plans for surveyed RNs who may leave current direct patient care role in next year

Legend: ■ Different direct patient care role ■ Non direct patient care role ■ Exit ■ Undecided/NA

Intended plans for surveyed RNs likely to leave current direct care position in the next year, % of respondents, N=89

| Plan	%
Alt direct patient care role at my current employer	23%
Non direct patient care nursing role at alt. employer	18%
Non direct patient care nursing role at my current employer	13%
Direct patient care nursing role at alt. employer	12%
Further pursue my education	10%
Retire	9%
Leave role for another career path	6%
Leave the workforce to focus on life goals / family	6%
I do not know / prefer not to say	2%
Other (Option to specify)	1%
Not Applicable	0%

QLEAVE2: What are your plans if you were to leave your current position providing direct patient care in the next year?

35% of surveyed RNs likely to leave their current direct patient care role **indicated plans to stay in the workforce but in a non direct patient care role** (e.g., another career path, non direct patient care role at current or alternate employer)

25% indicated they are planning to **exit the workforce completely**
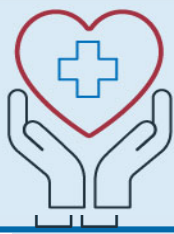
Where to	Total leaving (N=23,213)	% of total occupation
Taking another job within VA	11,531	50
Retiring	2,510	11
Take another job within Federal government	2,781	12
Take another job outside the Federal government	2,304	10
Other	4,087	18

Where are they going?

- Half of those leaving plan to take another position in VA, so may not necessarily be a loss
    - Could be planning for a transfer to another unit/VAMC or job promotion
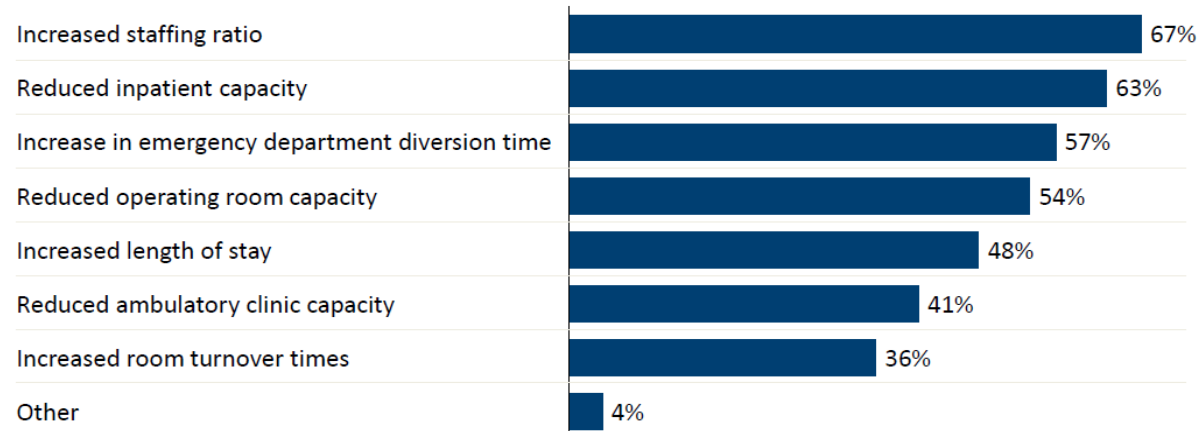
New Models of Care (not-VHA exclusive)

The impact of workforce shortages are already forcing hospitals to make significant operational changes

Impact to operations of workforce constraints,
% of respondents[1]

Increased staffing ratio	67%
Reduced inpatient capacity	63%
Increase in emergency department diversion time	57%
Reduced operating room capacity	54%
Increased length of stay	48%
Reduced ambulatory clinic capacity	41%
Increased room turnover times	36%
Other	4%

These workforce challenges have already begun impacting operations, with 67 percent of respondents reporting having to change their care model, 63 percent reporting having to reduce inpatient capacity.

1.   Q38: How are your operations being impacted by workforce constraints?; Note, respondents were asked to select all that apply.
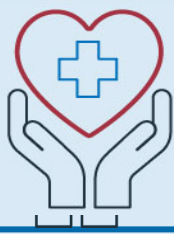
Top factors for surveyed RNs that impacted decision to leave patient care and not return

Factors impacting surveyed RN decision to leave direct patient care role
% of respondents , N=101

Legend: ■ Extremely ■ Very much ■ Moderately ■ Slightly ■ Not at all

Categories (top to bottom):
- No work-life balance
- Not valued by organization
- Unmanageable workload
- No ability to work remotely
- Not valued by manager
- Inadequate compensation
- Better job
- No flexible work schedule
- Care for family
- No potential for advancement
- No sense of belonging
- Negative interactions
- No development opportunities
- No caring and trusting teammates
- No safe work environment
- Not engaged by work
- Move to desirable location
- No ability to work autonomously
- No education benefits
- Unmeaningful work
- Poor health
- Poached by another company
- No access to technoloy
- Start own business
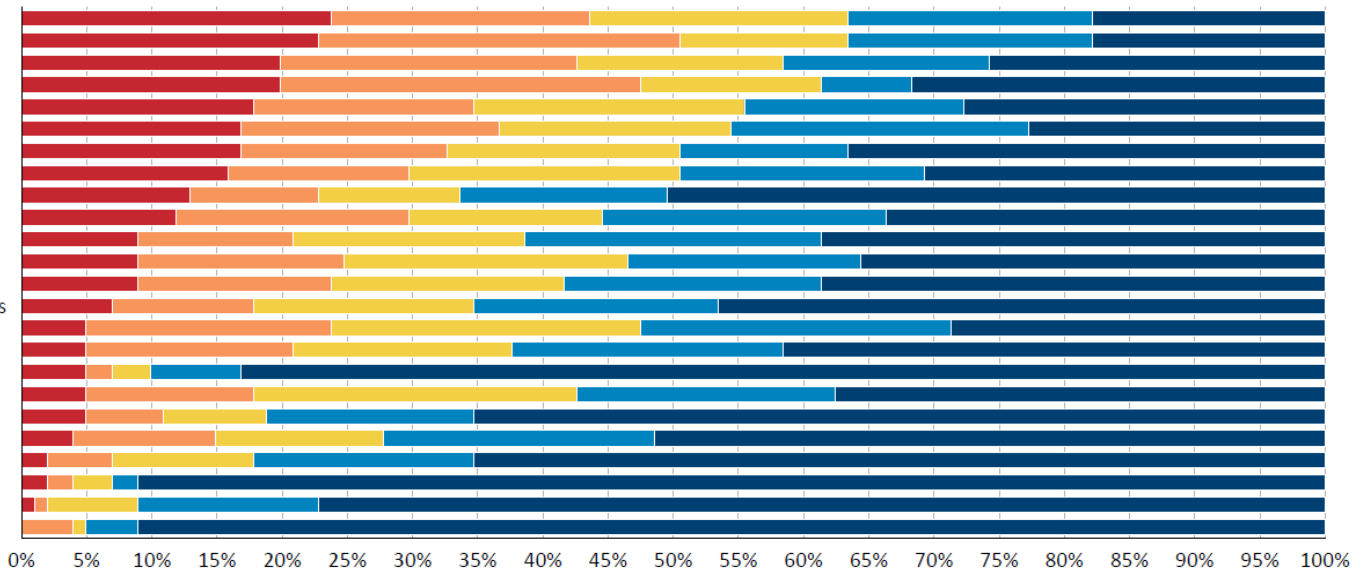
TLEAVEWHY: To what extent did the following factors impact your decision to leave your direct patient care role in the last 18 months? (Not at all, slightly, moderately, very much, extremely)

Why do they want to leave?

Reason	Selected (N=22,898)	% of reasons for leaving
Job-Related (e.g. type of work, workload, burnout, boredom)	4,860	21
Work/Life Flexibilities (e.g. Teleworking, Alternative Work Schedule, other work/life accommodations	4,451	19
Personal (e.g. focus on new interests, attend school, family needs, health)	3,017	13
Compensation and/or benefits (e.g. salary, benefits)	2,852	13
Professional (e.g. better career prospects, career change)	2,632	12
Leadership (e.g. unhappy with senior leadership, unable to adjust to management style, organizational direction)	2,056	9
Supervisor (e.g. clash with supervisors)	1,248	6
Discrimination (e.g. not being treated like others)	1,039	5
Workgroup (e.g. clash with coworkers)	743	3

- Job-related (21%) most selected reason
  - Reducing burnout and improving staffing should remain a focus

- Work/life flexibilities (AWS), personal (family, health), and development (better career) mentioned by 44%
  - May be harder to prevent turnover in all cases, but more flexibility in schedules and career paths, promotion may help

- Concerns with leadership, supervisors, coworkers, discrimination noted by 22%
  - These are factors that may be influenced by changes more readily
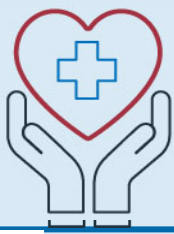
2022-2032 VHA Nursing Workforce Strategic Plan

Optimizing Nursing Practice

- **VHA leads the nation in developing national standards of practice** across **all** geographies and care settings
- Nurses **hold leadership positions** (e.g., AUSH, Network Directors, ADPCS, VISN/VAMC leadership, clinical services) that **define and drive the strategy in peer- to-peer collaboration** with physicians to influence and improve health care delivery
- VHA nursing is the gold-standard globally for **innovative health science research** and **translation of science into practice** to maximize value to the community, Veterans, and the healthcare industry

Strengthening the Nursing Workforce

- VHA's dynamic, streamlined, and **employee-centric onboarding process offers accessible support and shortens time to unit** for new hires
- VHA is the **Employer of Choice** providing **flexibility** (e.g., telemedicine, 72/80, dedicated protected time), **mobility in career pathways** (e.g., admin roles, geographical scope, changing settings, role types), **and best-in-class research and residency programs**, attracting high- caliber and diverse talent
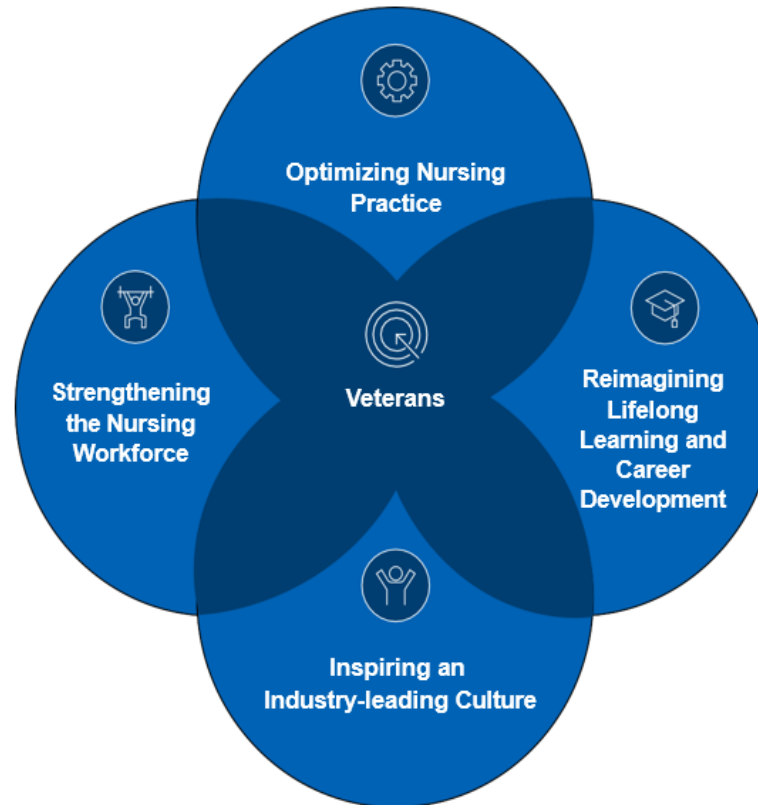
Reimagining Lifelong Learning and Career Development

- **Nurses in all settings have protected time** for an unparalleled breadth and depth of opportunities **in education, research, teaching, and leadership experiences**
- Nurses have **comprehensive, personalized developmental journeys, customized to meet goals** and to guide their chosen career progression
- VHA fosters an environment of **intellectual challenge and pursuit** (e.g., Evidence Based Practice initiatives to achieve Magnet goals)

Inspiring an Industry-leading Culture

- VHA cultivates a diverse and inclusive workforce that **serves Veterans, families, and caregivers of all backgrounds, and builds trust, cultural competencies,** and catalyzes dynamic teams
- VHA employs an **industry leading shared governance model** across all settings of care
- VHA **benefits, compensation, and workplace environment** together **outpace private sector offers**

Optimizing Nursing Practice

Strengthening the Nursing Workforce

Veterans

Reimagining Lifelong Learning and Career Development

Inspiring an Industry-leading Culture

Goal One: Optimizing and Informing Nursing Practice

Objectives	Workstreams	Description
1.1 **VHA leads the nation in developing national standards of practice** across **all** geographies and care settings	Workstream 1: Strengthen VHA-wide Nursing Leadership Model	Design organizational structure that **clearly defines authorities and decision-rights** to elevate the nursing profession across VHA at the clinical and administrative levels
1.2 Nurses hold **leadership positions** (e.g., USH, Network Directors, ADPCS, VISN/VAMC leadership, clinical services) **that define and drive the strategy in peer-to-peer collaboration** with physicians to influence and improve health care delivery	Workstream 2: Reimagine and redefine nursing practice, authority, and responsibilities	Direct VISNs to **ensure nurses are practicing at top of education, competency, and certification across all roles** (e.g., LPNs, RNs, APRNs) to increase quality and safety of care and lead on key performance outcomes
1.3 VHA nursing is the gold-standard globally for **innovative health science research** and **translation of science into practice** to maximize value to the community, Veterans, and the healthcare industry	Workstream 3: Transform Care Model	Transform healthcare by **implementing new processes** (e.g., hospital at home, automation and connectivity across diagnosis), **technology** (e.g., smart hospitals, wearables), **informatics, and data analytics** to elevate patient care

Goal Two: Strengthening the Nursing Workforce

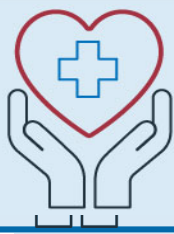| Objectives	Workstreams	Description
2.1 VHA's dynamic, streamlined, and **employee-centric onboarding process offers accessible support and shortens time to unit** for new hires	Streamline and personalize recruiting and onboarding process	Transform the recruiting and onboarding process by standardizing operations and ownership, and building a personalized, technology-enabled suite of tools to improve the user experience and reduce time to hire
	Invest in a continuous, sustainable, and diverse workforce of nurses	Strengthen community partnerships, engagement with nursing students (e.g., having mentorship for succession planning in clinical pathways at the undergraduate, graduate, and doctorate level), and scholarships to cultivate a diverse, inclusive, and robust workforce of future candidates
2.2 VHA is the **Employer of Choice** providing **flexibility** (e.g., telemedicine, 72/80, dedicated protected time), **mobility in career pathways** (e.g., admin roles, geographical scope, changing settings, role types), **and best-in-class research and residency programs**, attracting high- caliber and diverse talent	Build VHA-wide residency/ fellowship programs for all transitioning positions	Create VHA-wide residency programs, supported by expansion of academic affiliations, for all nursing roles to professionalize the transition to practice as they begin new roles at VHA
	Deploy real-time predictive analytics for talent management	Transform healthcare by **implementing new processes** (e.g., hospital at home, automation and connectivity across diagnosis), **technology** (e.g., smart hospitals, wearables), **informatics, and data analytics** to elevate patient care

Goal Three: Reimagining Lifelong Learning & Career Development

Objectives	Workstreams	Description
3.1 Nurses have comprehensive, personalized developmental journeys, customized to meet goals and to guide their chosen career progression	**Reimagine the VHA nurse learning journey to cultivate a rich practice environment**	Develop clinical education infrastructure that supports nursing staff through on-the-job apprenticeship, skills training, professional advancement (e.g., details, residency programs, fellowships, coaching based on a clinical ladder, clinical rotations) and enabling nurses to move between settings and roles with ease
3.2 VHA fosters an environment of intellectual challenge and pursuit (e.g., Evidence Based Practice initiatives to achieve Magnet and Pathway to Excellence goals)	**Establish VHA nursing as the leaders in innovative research and evidence-based practice**	Build research and organizational infrastructure that enables nurses to develop new skills, invest in capabilities, and share learnings to advance nursing research and knowledge (e.g., protected time and time off for research/projects, funding, innovation symposiums) and enable VHA to lead the profession

Goal Four: Inspiring an Industry-Leading Culture

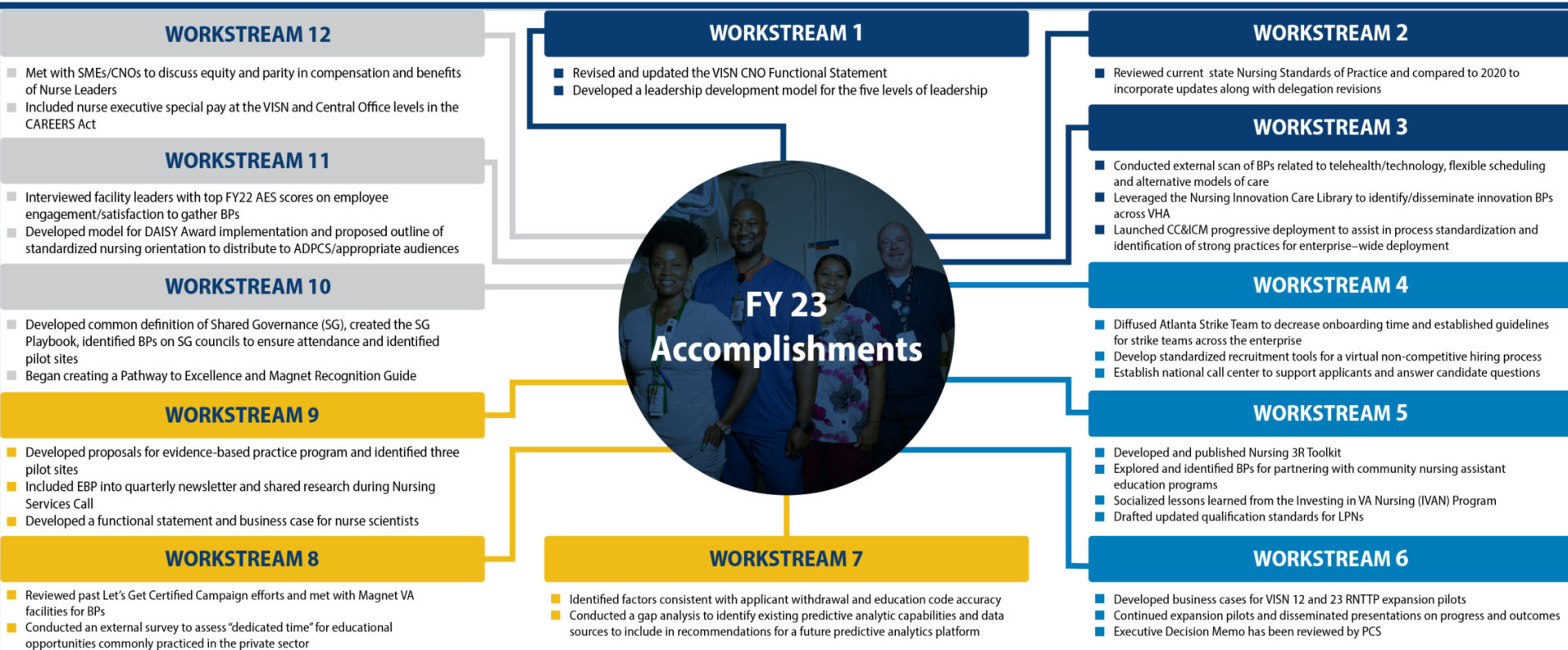| Objectives	Workstreams	Description
4.1 VHA employs an industry leading shared governance model across all settings of care	Radiate shared governance models and nursing leadership	Create industry-leading and repeatable models that incorporate shared governance into clinical and administrative decision-making and promote highly visible and prominent leadership roles filled by nurses
4.2 VHA cultivates a diverse and inclusive workforce that serves veterans, families, and caregivers of all backgrounds, and builds trust, cultural competencies, and catalyzes dynamic teams	Reimagine VHA nurse value proposition	Cultivate an "only at VHA" nursing experience that elevates the nursing voice across settings of care, promotes work life balance and wellbeing, and leverages VHA's authorities to attract, grow, and retain the nursing workforce
4.3 VHA benefits, compensation, and workplace environment together outpace private sector offers	Reinvent compensation and reward strategy	Design new, agile total rewards model ensuring compensation and benefits (including non-monetary incentives) are competitive to drive recruiting and retention rates

Look Back – One Year Later

WORKSTREAM 12
- Met with SMEs/CNOs to discuss equity and parity in compensation and benefits of Nurse Leaders
- Included nurse executive special pay at the VISN and Central Office levels in the CAREERS Act

WORKSTREAM 11
- Interviewed facility leaders with top FY22 AES scores on employee engagement/satisfaction to gather BPs
- Developed model for DAISY Award implementation and proposed outline of standardized nursing orientation to distribute to ADPCS/appropriate audiences

WORKSTREAM 10
- Developed common definition of Shared Governance (SG), created the SG Playbook, identified BPs on SG councils to ensure attendance and identified pilot sites
- Began creating a Pathway to Excellence and Magnet Recognition Guide

WORKSTREAM 9
- Developed proposals for evidence-based practice program and identified three pilot sites
- Included EBP into quarterly newsletter and shared research during Nursing Services Call
- Developed a functional statement and business case for nurse scientists

WORKSTREAM 8
- Reviewed past Let's Get Certified Campaign efforts and met with Magnet VA facilities for BPs
- Conducted an external survey to assess "dedicated time" for educational opportunities commonly practiced in the private sector

WORKSTREAM 1
- Revised and updated the VISN CNO Functional Statement
- Developed a leadership development model for the five levels of leadership

WORKSTREAM 2
- Reviewed current state Nursing Standards of Practice and compared to 2020 to incorporate updates along with delegation revisions

WORKSTREAM 3
- Conducted external scan of BPs related to telehealth/technology, flexible scheduling and alternative models of care
- Leveraged the Nursing Innovation Care Library to identify/disseminate innovation BPs across VHA
- Launched CC&ICM progressive deployment to assist in process standardization and identification of strong practices for enterprise–wide deployment

WORKSTREAM 4
- Diffused Atlanta Strike Team to decrease onboarding time and established guidelines for strike teams across the enterprise
- Develop standardized recruitment tools for a virtual non-competitive hiring process
- Establish national call center to support applicants and answer candidate questions

WORKSTREAM 5
- Developed and published Nursing 3R Toolkit
- Explored and identified BPs for partnering with community nursing assistant education programs
- Socialized lessons learned from the Investing in VA Nursing (IVAN) Program
- Drafted updated qualification standards for LPNs

WORKSTREAM 6
- Developed business cases for VISN 12 and 23 RNTTP expansion pilots
- Continued expansion pilots and disseminated presentations on progress and outcomes
- Executive Decision Memo has been reviewed by PCS

WORKSTREAM 7
- Identified factors consistent with applicant withdrawal and education code accuracy
- Conducted a gap analysis to identify existing predictive analytic capabilities and data sources to include in recommendations for a future predictive analytics platform

FY 23 Accomplishments

Setting the Path Ahead

VA Office of Nursing Services   VA Health Services Research & Development

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Office of Nursing Services (ONS) - Home (sharepoint.com)

VHA Nursing Workforce Resources Blueprint FY 2022-26

VHA Priorities & Strategic Enablers

VHA Long-Range Plan Framework

Alternate Work Schedule Blueprint.pdf

ANA Innovation New Care Models.pdf

Shared Governance Playbook.pdf

Nursing recruitment, retention, relocation (3R) Toolkit.pdf

72/80 playbook

staffing methodology calculator

CCICM Outcome and Practice Management dashboard

Freedom Sings USA - VA Nurse Songs (SharePoint site)
   11 VA nurses, also Veterans, teamed with professional songs writers...original music!

The Way Back: Songs of Healing by VA Veteran Nurses (listen for free - donate to download)

Freedom Sings – Premier Event (Veteran-song writer interview – music shared)

Freedom Sings USA - VA Nurse Songs (Song Writing Retreat) (documentary film – 15 minutes)

VA Office of Nursing Services   VA Health Services Research & Development
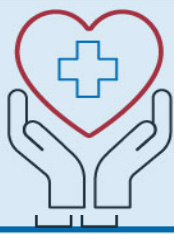
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Sheila C. Sullivan, PhD, RN, EBP-C

Director, Research, Evidence-Based Practice & Analytics

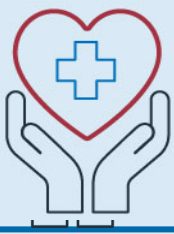Office of Nursing Services

Sheila.Sullivan2@va.gov

Workgroup Charge

Sarah Krein, PhD, RN
Nursing SOTA Co-Chair
Research Career Scientist
VA Ann Arbor Center for Clinical Management Research
Department of Veterans Affairs

Agenda Day 1

9:30am – 9:45am   Break, move to work group rooms

9:45am – 12:00pm Work Group Deliberations

12:00pm   Lunch on your own
*****Work Group Leads will provide a break to pick up lunch

12:00pm – 5:30pm Work group deliberations continue

5:30pm – 6:30pm   Work group leads finalize presentations
*****Dinner on your own

Agenda Day 2

8:30am - 10:25am

- Work group summaries presented to all SOTA participants

- Opportunity for clarifying questions and discussion of summaries

10:25am – 11:30am

- Panel Reaction to Work Group Presentations

- Closing and next steps

Workgroup Goals

- Identify key issues, both resolved (sufficient evidence) and unresolved (gaps)

- Identify potential research to address gaps (specific research questions are NOT needed, rather identify important areas of research)

- Recommendations to VA decision makers

- Tools/Strategies to implement evidence-based findings or overcome implementation barriers (and responsible parties)
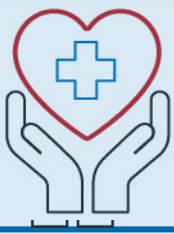
Workgroup Tasks

- Work group leads facilitate discussion of key questions

- Work group comes to consensus on priority areas for further research, recommendations for decision-makers, implementation strategies for findings

- Develop a summary of work group deliberations for presentation to the full SOTA group

Workgroup Tasks

- Take each question in turn.

- Use evidence reviews and shared articles as primary basis for discussion.

- Use individual clinical experience and expertise to provide context.

- Distinguish recommendations based on available evidence from those based on expert consensus.

- Focus research recommendations on most important gaps, particularly those that are relevant to Veterans. What research is:
  - Likely to change practice
  - Important to Veterans or the nursing workforce
  - Unique opportunity for VA to study
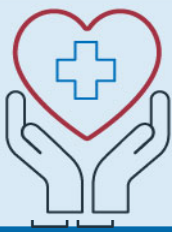
End of Day 1 Workgroup Product:

Co-Leads prepare 20-minute summary presentation for day 2

- The issue/priority

- Research areas

- Recommendations for decision-makers

- Barriers/strategies to overcome barriers

- Dissemination strategies

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Keys to A Successful SOTA Discussion

- Keep goals in mind –
    - Identifying areas where practice (emphasis on VA) has not kept pace with evidence
    - Identifying most important areas where new research could drive practice
- Areas of research can include discovery (new knowledge), generating evidence to determine effectiveness, and issues related to implementation
- Think about how to **prioritize** policy and research recommendations

Housekeeping

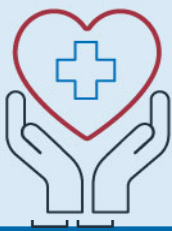- You will be in your assigned work group all day. We will not be reconvening as a large group today.

- There will be a break to get yourself lunch which you are welcome to bring back to eat in your work group room. Your workgroup leads will let you know what time to reconvene.

- We will reconvene promptly at 8:30 on Day 2 for the workgroup presentations and senior leaders' panel.

Workgroups Locations and Co-Leads

Workgroup 1a Pressure Injury --- <mark>Renaissance Room</mark>
Christine Olney, PhD, RN
Supported by: Lisa Burkhart, PhD, RN, ANEF

Workgroup 1b SDoH/Care Coordination --- <mark>Merion</mark>
Nipa Kamdar, PhD, RN
Supported by: Renee Colsch, Ph.D, RN, SCRN, CQ

Workgroup 2 Strengthening the Nursing Workforce --- <mark>Gladwyne</mark>
Laura Petersen, MD, MPH
Tracy Weistreich, PhD, RN, NEA-BC, NPD-BC, VHA-CM
Supported by: Melissa Knox, RD

Workgroup 3 Reimagining Lifelong Learning + Inspiring an Industry Leading Culture -- <mark>Haverford</mark>
Cathy Battaglia, PhD, RN, FAAN
Ann Kutney-Lee, PhD, RN, FAAN
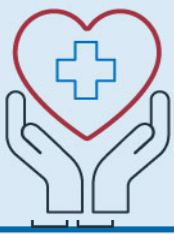*Sheila Cox Sullivan, PhD, RN, EBP-C*
Supported by: Marguerite Daus, PhD, RN

Floating team:

- Sarah Krein, PhD, RN
- Nicholas Parr, PhD, MPH
- Jerry O'Keefe, JD, MPH
- Amelia Schlak, PhD, RN
- Liza Catucci, MPH

**Support Workgroups in meeting deliverables and track progress across groups

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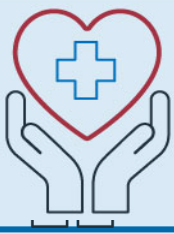
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Questions?

To connect, click I have a Promotional Code under the hhonors Wi-Fi connection.

The code is DVA2023.

ON YOUR MARK GET SET BAKE → **DISCUSS**