



# 2018 OFFICE OF NURSING SERVICES (ONS) ANNUAL BRIEF

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

**Vision: Advancing nursing; Transforming healthcare**

## **ONS HIGHLIGHTS**

### **ONS Expansion**

In April 2018, ONS welcomed Danielle Ocker to the staff as the new Deputy Chief Executive Officer. Danielle will have oversight for the administrative functions of ONS including business operations, strategic planning, innovations, clinical contact centers, and care coordination. This addition will, among other things, provide long and short-term planning and direction allowing ONS to both better align strategic priorities and initiatives and address current and future trends impacting the organization and healthcare at large

### **The National Nurse Executive Conference**

In June 2018, the National Nurse Executive Conference included a day of collaborative information sessions with the National Chief of Staff Conference, as well as two days of Nurse Executive specific sessions and workshops.

The collaborative sessions with the National Chiefs of Staff facilitated the interdisciplinary sharing of evidenced-based best practices for the prevention of suicide and the management of pain; the improvement of coordination of care within VA and between VA and the community; the improvement of timeliness of services; the adoption of connected health modalities; the implementation of the Whole Health initiative; and, encouraged nurse-physician collaboration for Veteran care.

The National Nurse Executive Conference addressed challenges in leadership, recruitment, retention, succession planning, access, care coordination. and, in the development of the acute care services business lines. Discussions and presentations at the conference facilitated collaboration as well as the sharing of best practices across the care continuum to strengthen the fabric of VA's professional nursing culture.

### **2018 Secretary's Award for Nursing Excellence**

On October 23, 2018 Secretary Robert Wilkie hosted the annual "Excellence in Nursing" award to recognize the outstanding work of VA staff who play a vital role in providing and supporting nursing practice and care to Veterans. This year's awardees were honored for compassionate care, contributions at the national level, improvements in nursing practice through education and training, and support for expanded nursing responsibilities. The awardees were:

- RN: Anabel Quintanar, RN-BC, MSN (Greater Los Angeles, CA)
- RN (expanded role): Shantia McCoy-Jones, PhD (c), MSN, RN, CRNP, CWCN (Philadelphia, PA)
- LPN: Angela Cash, LPN (Tallahassee, FL)
- Nursing Assistant: Maria Pullins, NA (Dallas, TX)
- Director: Vincent Ng (Boston, MA)
- Nurse Executive: Ruth Mustard, RN, NEA-BC (Columbia, SC)

To read more about the 2018 awardees, visit <https://vaww.va.gov/nursing/2018secAwrdr.asp>

## ONS PORTFOLIO HIGHLIGHTS

### POLICY, EDUCATION & LEGISLATION

#### ❖ Policy & Legislation

In February 2018, ONS resubmitted two legislative proposals for the FY 2020 budget cycle:

- Amendment of the Pay Cap for Registered Nurses
- Reimbursement of Continuing Professional Education for all full-time Board Certified Advanced Practice Registered Nurses (APRNs)

At the conclusion of 2018, these two proposals were being considered by the Office of Management and Budget (OMB).

#### ❖ Intermediate Care Technician (ICT) Program

##### 2018 ICT Program Accomplishments

- Number of Facilities with an ICT Program: 24
- Number of ICTs Hired in FY2018: 29
- 2017-2018 ICT Position Growth Percentage: 39%
- Total ICTs in the Field: 104
- Number of Open Funded FTEs: 43
- Number of Facilities Going Through the Onboard Process: 8
- Number of Additional Facilities Engaging with ICT Leadership Team: 34
- Number of VISNs Engaging with the ICT Leadership Team: 5
- Number of ICT Director Ambassadors: 2

##### 2018 Under Secretary for Health's Expert Field Intermediate Care Technician

In 2018, Mr. Henry Velazquez, ICT at the VA Caribbean Healthcare System was awarded the first ICT of the Year Award for his outstanding achievements to Veteran care during Hurricane Irma, and his contributions to the advancement of the ICT role.

#### ❖ Nurse Residency Expansion

ONS partnered with the Office of Academic Affiliations (OAA) on a proposal to obtain funding for the expansion of the Veterans Health Administration (VHA) new graduate nurse residency programs for both employees and trainees. The proposal addresses the following issues:

- The shortage of experienced nursing workforce in VHA;
- The need for newly graduated RNs and NPs to be equipped with the necessary skills to provide timely, safe, and quality care to patients;
- Recognition that newly graduated nurses are more likely to resign within their first year of employment thus increasing turnover costs;
- Current OAA trainee funding that limits the number of RN and NP trainee positions inhibiting program expansion; and,
- The absence of an employee-based Nurse Practitioner Transition-to-Practice (NPTTP) program for new NP hires with less than one year of experience.

## WORKFORCE AND LEADERSHIP

### ❖ **Staffing Methodology (SM)**

The Staffing Methodology for VA nursing personnel continues as a national priority. 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 data analysis based on the many factors that contribute to patient care workload. The goal is to achieve a standardized, automated Staffing Methodology for nursing personnel that is simple, reliable, and evidence-based to systematically measure the impact of staff levels and staff mix on patient care outcomes.

Patient access is the driver for the development of VHA nursing staffing methodology models for all patient care settings. Using this methodology, nurse staffing needs are individualized to specific clinical settings and do not rely solely on ranges and fixed staffing models, staff-to-patient ratios, or prescribed patient formulas. The VHA Nurse Staffing Methodology relies on the expertise of nurses at the bedside to determine the care needs of Veterans in the units where they work.

In 2018, new staffing models were implemented in several areas, to include Residential Rehabilitation and Treatment Programs (RRTP), Spinal Cord Injury and Disorder Units (SCI/D) and the Emergency Department (ED).

Other achievements of the Staffing Methodology Program include:

- Collaboration with key stakeholders to increase nurse hiring in SCI centers across VA
- Completion of the Peri-Anesthesia Care Unit (PACU) SM pilot and development of resources, trainings, and tools in preparation for a national PACU rollout
- Publication of VHA Directive 1351, Staffing Methodology for VHA Nursing Personnel, that updates the responsibilities of the Office of Nursing Services regarding the SM Program, and the list of key Medical Center staff involved in the process at the facility level; and adds requirements for further review and oversight of important metrics, such as replacement factor ranges and Nursing Hours Per Patient Day (NHPPD) ranges.
- Annual Staffing Methodology National Conference held, with 184 attendees.
- Updated tools and calculators to ensure consistency in implementation procedures and unit panel estimates.
- Completion of a Staffing Methodology Dashboard to provide consistent nurse sensitive outcomes of care and productivity standards.
- Development of three Emergency Department Training Modules for the Talent Management System (TMS)
- Achievement of a 100% return rate, and 90% compliance from facilities in meeting Staffing Methodology Directive requirements (SM Compliance and Attestation)

Future work in Staffing Methodology will include development of productivity models aimed at improving Veteran access in all areas of care. To meet this objective, ONS has begun the exportation of a Specialty Care productivity SM model.

## ❖ Nurse Professional Standards Boards (NPSB) / RN Qualification Standards

Qualification standards exemplify the expected totality of performance at each grade/level and provide performance expectations regardless of work setting or environment within the professions of RN, LPN/LVN, and NA. Although work continues nationally to update the Registered Nurse (RN) Qualification Standards, the current standards remain applicable and serve as the foundation for RN appointment, promotion, and award. Multiple resources are available on the Office of Nursing Services website to provide guidance regarding the Nurse Professional Standards Board (NPSB), Licensed Practical/Vocational Nurse PSB (LPN/LVN PSB), and Nursing Assistant PSB (NA PSB) and include information about:

- National education calls for NPSB and LPN/LVN PSB;
- NPSB VISN Consultant Team and LPN Advisory Group;
- NPSB Central Office (CO) Board Membership, NPSB VISN Chairs, LPN Regional Board Chairs, and CO NA Board Chairs;
- Education power points, qualification standard workbooks, and worksheets;
- Sample functional statements and board action letters;
- Proficiency writing curriculum; and,
- Master certification list with six newly approved certifications in 2018
  - Certified Nurse Midwife, CNM
  - Ostomy Management Specialist, OMS
  - Holistic Nurse Baccalaureate Board Certified, HNB-BC
  - APRN Gerontological Specialist Certification, GS-C
  - Emergency Nurse Practitioner-Certified, ENP-C
  - Occupational Health Nurse, COHN

## ❖ Registered Nurse Transition-to-Practice (RNTTP)

The VHA implemented a mandatory Registered Nurse Transition-to-Practice (RNTTP) Program in November 2011. Support for this mandatory program was based on research evidence highlighting the challenges of new graduate RNs successfully transitioning to clinical practice. The RNTTP Program completed a successful one-year pilot project resulting in a 100 percent retention rate (zero regrettable losses), and provided an estimated cost savings of \$1 million, due to the improved retention rate. This further demonstrates the need for RN residency programs across VA.

VHA Directive 2011-039, VHA Registered Nurse Transition-To-Practice Program, requires every VHA medical facility that hires new graduate Ns (nurses with Associate Degrees, diplomas, Baccalaureate Degrees and Master's entry Nursing Degrees) in their first nursing role, and/or with less than one year of RN professional experience, to establish a structured one-year RNTTP Program. Program goals include: transition from entry-level, advanced-beginner nurse to competent professional nurse; developing effective decision-making skills related to clinical judgement and performance; providing clinical leadership at the point of care; strengthening commitment to nursing as a professional career choice, and providing Veteran-centric care. The ability to recruit and retain RNs helps ensure that Veterans have access to care, and that nurses can provide clinical care in a healthy work environment with enough safe, competent staff.

2018 RNTTP Residency Program accomplishments include:

- Conducting a survey of new RNTTP Program Directors about their learning needs, the results of which were used to develop 2-day training;
- Coordinating and hosting training for the RNTTP Program Directors in May with an overall program satisfaction rate of 96.25%;

- Establishing a new VA Pulse page for the RNTTP Residency Program;
- Collaborating with the VHA Service Support Center and the Office of the Chief Nursing Informatics Officer to design a new database for the RNTTP Residency Program that was opened in June; and,
- Establishing a weekly Community of Practice call for questions related to managing a RNTTP Residency Program

### ❖ Professional Practice

In May 2018, the VHA Pathway to Excellence Consortia (PTE) held a very successful VA Day at the annual American Nurses Credentialing Center Pathway to Excellence Conference in West Palm Beach, FL. The VA Day was attended by approximately 70 VA nursing staff, and included presentations by the Asheville VAMC (“Pearls of Wisdom and Lessons Learned”) and the Martinsburg VAMC (“Data: Sources, Collection, Use, Project Improvement Teams”). In addition, the PTE Consortia held a panel discussion with ADPCS leaders and PTE facility coordinators from facilities with the Pathway designation or are on the journey with plans to submit for consideration within the year. The day concluded with round table discussions and consultation tables representing the six PTE Standards. Lastly, the VA recognized and informally celebrated the Asheville VAMC designation as a new addition to the PTE organization. The Boston VAHCS has also received the Pathway designation, and both facilities will be formally recognized during the 2019 ANCC Pathway to Excellence Conference

In November 2018, the Pathway to Excellence Consortia (PTE) and the Magnet Consortia formally combined to become the Nursing Excellence Collaborative. The focus is to support the implementation of a healthy work environment through the six PTE standards and the Magnet Domains to achieve the highest level of professional practice within VHA. Two major objectives for 2019 and 2020 are the implementation of Shared Decision-Making and Evidence-Based Practice within each facility’s Nursing Service. Every facility within VHA is invited to participate, share best practices, and take advantage of peer consultation. Natalie Parce, MSN, RN, Shared Governance & Pathway to Excellence Coordinator at the Charles George VAMC in Asheville, NC, and Donna Stultz, Associate Chief Nurse and Magnet Coordinator at Michael E. DeBakey VAMC in Houston, serve as the Co-Chairs of the Nursing Excellence Collaborative.

### ❖ VHA Simulation Learning, Education, and Research Network (SimLEARN)

Healthcare simulation involves the ability to learn and practice skills, techniques, and procedures to a mastery level without risk, harm, or injury to a live patient. Simulation has been gaining prominence in VHA since 2009, and is now seen in numerous clinical locations across VHA. Whether simulation is located within a defined space, used at the point of patient care, or is performed by staff practicing lifesaving procedures, the training provides a safe learning experience for the VHA workforce.

#### **Simulations for Clinical Excellence in Nursing Services (SCENS)**

The Simulations for Clinical Excellence in Nursing Services classes originated from the standardization of nursing orientation classes using simulation scenarios. Subject matter experts were engaged from the beginning to determine course content. Monthly SCENS Community of Practice calls assisted VHA nurse educators to establish this content for nursing orientation at their respective facilities. It was soon realized that simulations had applicability for other nursing clinical topics as well.

SCENS helps to focus on:

- Socializing the new nursing employee to the duty area, policies, procedures, and the culture of the VA;

- How VHA *I Care Principles* relate to Veteran care;
- Having one standard of care for Veterans; and,
- Developing a highly-skilled, professional nursing workforce

Information on the SCENS classes can be found at:

<https://myees.lrn.va.gov/SimLEARN/Class%20Registration/Course%20Catalog.aspx#/>

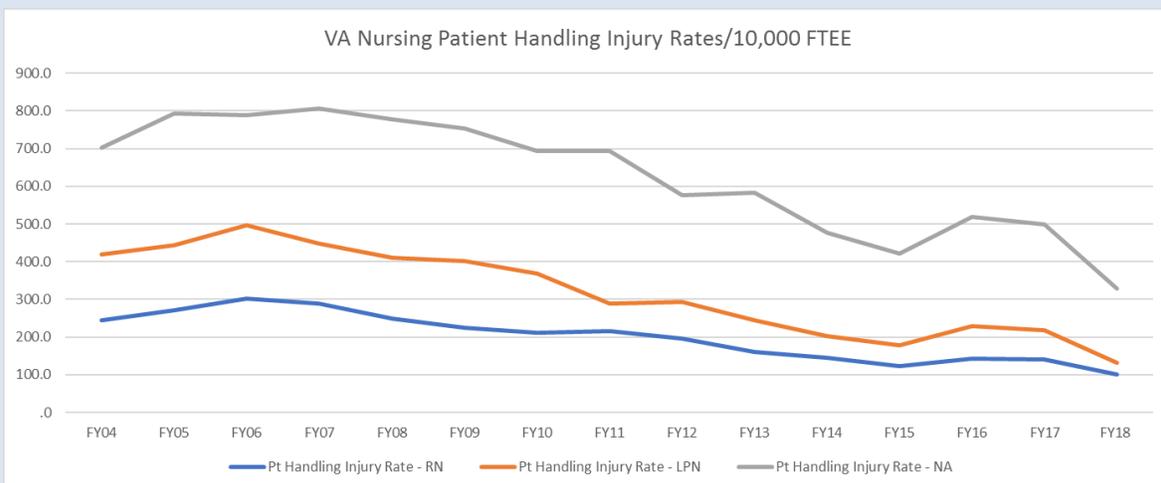
### ❖ Safe-Patient Handling and Mobility

Safe Patient Handling and Mobility (SPHM) is a national program designed to provide staff with safe mechanisms for handling and mobilizing patients. The program has been effective in reducing nursing injuries, protecting patients, and making early mobilization for patients safe and more accessible. Fundamental elements of a local program include:

- Equipment to safely lift/move/mobilize patients;
- A coordinator that collaborates with multiple disciplines and offices including Nursing, Medicine, Surgery, Safety, Human Resources (Workman’s Compensation), Fiscal, Logistics, Engineering, Laundry, Housekeeping, Quality Management, and others;
- Facility support for the coordinator to facilitate accident investigations related to handling patients, ergonomic assessments of all care areas, oversight of equipment installation, data collection/aggregation, UPL program management, oversight of all training, etc.; and
- A strong Unit Peer Leader (UPL) that functions as a champion and the voice of safety at the point of care; There are 1000s of UPLs throughout VA.

The National SPHM Program Office published a revision to their Directive that expands opportunities for nurses to get more support to accomplish program performance criteria on In March 2018, staff attended a VHA conference to learn SPHM interventions for early mobility, bariatric care, operating room care and a host of other scenarios in a SimLEARN environment.

The data reflected in the graph below provides a good picture of the positive impact of the program on nursing in the VA.



## RESEARCH, EVIDENCE-BASED PRACTICE & ANALYTICS

### ❖ Evidence-Based Practice (EBP)

Evidence based Practice is the application of valid and reliable findings from research to improve the practice of nursing wherever it is found. The use of EBP is a critical component of professional nursing as cited in the IOM Future of Nursing Report as well as professional documents published by the American Nurses Association and other specialty nursing organization. ONS has led implementation of EBP enterprise wide with an EBP curriculum published at <http://vaww.va.gov/nursing/ebprc/index.asp>. This site remains one of the most accessed sites for Nursing within the VA, and the EBP FAC is in the process of modernizing the page.

As part of the outreach to individual sites, ONS and faculty from the EBP FAC completed four EBP site visits to the sites listed below. Thank you for your energy, EBP enthusiasm, and hospitality.

- Biloxi, MS
- Fort Harrison, MT
- Hampton, VA
- Long Beach, CA

Dr. Colleen Walsh-Irwin DNP, ANP-BC, AACC, FAANP joined the ONS team in September 2018 as the new Evidence-Based Practice (EBP) program manager. She will work with the EBP FAC to improve the website, provide education materials and seminars, and spread the work of EBP throughout VHA. In October of 2018, ONS hosted an EBP webinar attended by over 150 participants.

In September 2018 \$30,000 in EBP support grants were provided to the field. Reports on use will be available by April 2019.

### ❖ Research

Research is defined in the Code of Federal Regulations as "a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge". Knowing what is or is not research is an important distinction, and there are definitions available on the ONS website to assist. ONS supports the inclusion of a nurse scientist on the executive team to assist with research, EBP, and data analysis.

ONS was excited to join with the Jonas Foundation to provide opportunity for VA oriented graduate education and support Jonas Scholar graduates in building a VA research career. The MOU had four major goals:

- Develop a network of VA Jonas Scholars working in VHA Medical Centers. We have identified 50 scholars working in VHA and have had five calls to create networking opportunities and share information.
- Enhance the nursing research community in the VA. The Jonas Foundation and VHA have connected scholars with potential collaborators in VHA to promote nursing science.
- The Jonas Center and VHA will collaborate on identifying PhD and DNP workforce opportunities within VHA Medical Centers. ONS has forwarded doctoral level career opportunities within VHA to share with Jonas Scholars.
- Strategically align scholarship opportunities with identified VA geographic and clinical specialty needs in all future cohorts of Jonas Scholars. Prior to selection of the 19-20 cohort of scholars, the Jonas Foundation and ONS collaborated on clinical specialty needs and geographic areas of

opportunity. Jonas gave preference to these scholars, selecting 47 students focused on Veteran Health.

ONS entered into a collaborative agreement with Dr. Mary Naylor of the University of Pennsylvania to participate in a Laura and Johan Arnold Foundation “Moving the Needle” grant on Transitional Care. The aim of the study is to test scoping Dr. Naylor’s project utilizing APRNs to manage transitions between acute care and home with the ultimate outcome to prevent readmission to hospitals. We are in the final phase of submitting the application and hope to begin enrollment during late summer of 2019.

### ❖ Innovation

Innovation is broadly defined as a novel approach to creating change. The Shark Tank process has helped VHA become more engaged in innovation, and ONS has become home to innovative practices for sustainment and diffusion.

- Performed a gap analysis regarding the implementation of Unit Tracking Boards
- Provided a national webinar in collaboration with PCS on Suicide Prevention.
- Collaborating with FY 18 Scholar Dr. Shannon Munro to spread HAPPEN, an initiative that saves money and lives.
- Collaborating with FY 19 Scholar Dr. Mona Baharnestani to support Tele-Wound, a virtual clinic to support chronic wound treatment and decreases veteran travel burdens

### ❖ Analytics

ONS’s Dr. Michelle Lucatorto and collaborators from the Office of Nursing Informatics have worked to provide stability and standardization to the electronic health record as we prepare for the transition to a new EHR. Some of their accomplishments during 2018:

- Working with ONI and NELB to develop a dashboard for Nurse executives. Education on how to use this board has already begun.
- Developing productivity metrics for APRNs and RNs which are key to documenting the important work that nurses do in all settings of care.

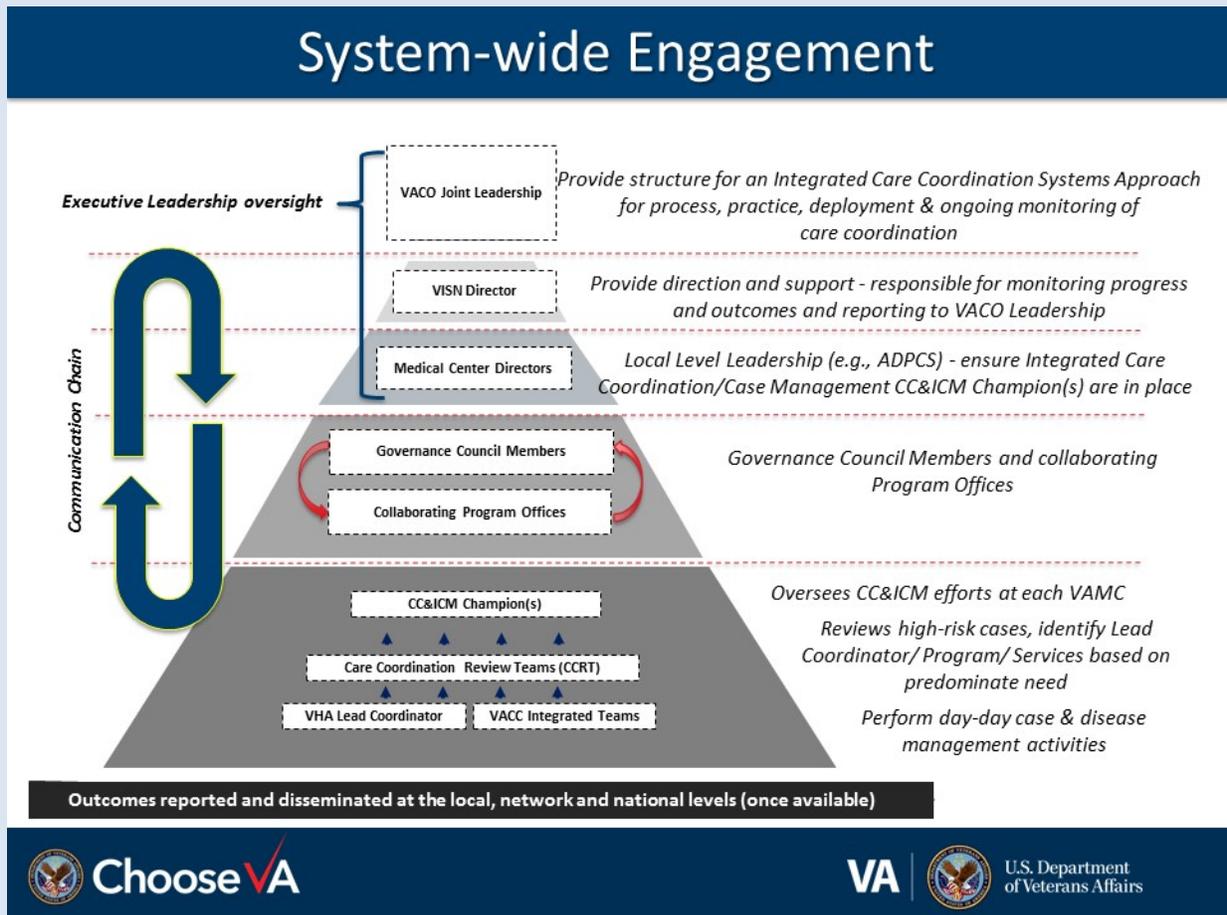
## POLICY AND STRATEGIC PLANNING

### ❖ Care Coordination

In 2018, there was a critical and immediate need to coordinate care across Program Offices, VISNs and Medical Centers and enact bold changes in policy and practice. In response to this need, VHA is sponsoring an enterprise wide effort to deploy a Care Coordination/Integrated Case Management (CC/ICM) System of Care throughout VHA systems. CC/ICM directly addresses VHA’s strategic objective to improve delivery of health care service by ensuring effective care coordination across all care settings. This extensive effort is led by the Office of Nursing Services (ONS) with the Office of Care Management & Social Work (CMSW) and supported by the Office of Strategic Integration (OSI).

CC/ICM is supported at the enterprise level through a governance council (GC). In June 2018, the governance council achieved 100% commitment from Field, VISN and Program Office representatives. The CC/ICM Governance Council is critical to VHA’s mission and commitment to improving Veteran Care. The group meets regularly to discuss and make high level decisions with system wide implications.

Through expertise in enterprise change management (e.g. Prosci ADKAR and Lean) ONS, CMSW and OSI have created a community of practice that fosters cross-program partnerships. These partnerships have improved consistency in VHA enterprise messaging, reduced confusion related to VHA priorities and reduced implementation burden at the test sites.



July 2018 was the first Governance Council meeting. VISN and program office representatives described the current state of care coordination as fragmented. The Governance Council committed to working together to create a new future where programs strengthen their collaboration and create a better experience for veterans and employees.

A key contributor to the fragmentation across VHA systems was inconsistent definitions. Aligning terminology across the VA was arguably the biggest challenge facing the Project team in 2018. The CC/ICM Governance Council (GC) reached a ground-breaking decision at the October 2018 meeting with 97% consensus to pass two resolutions.

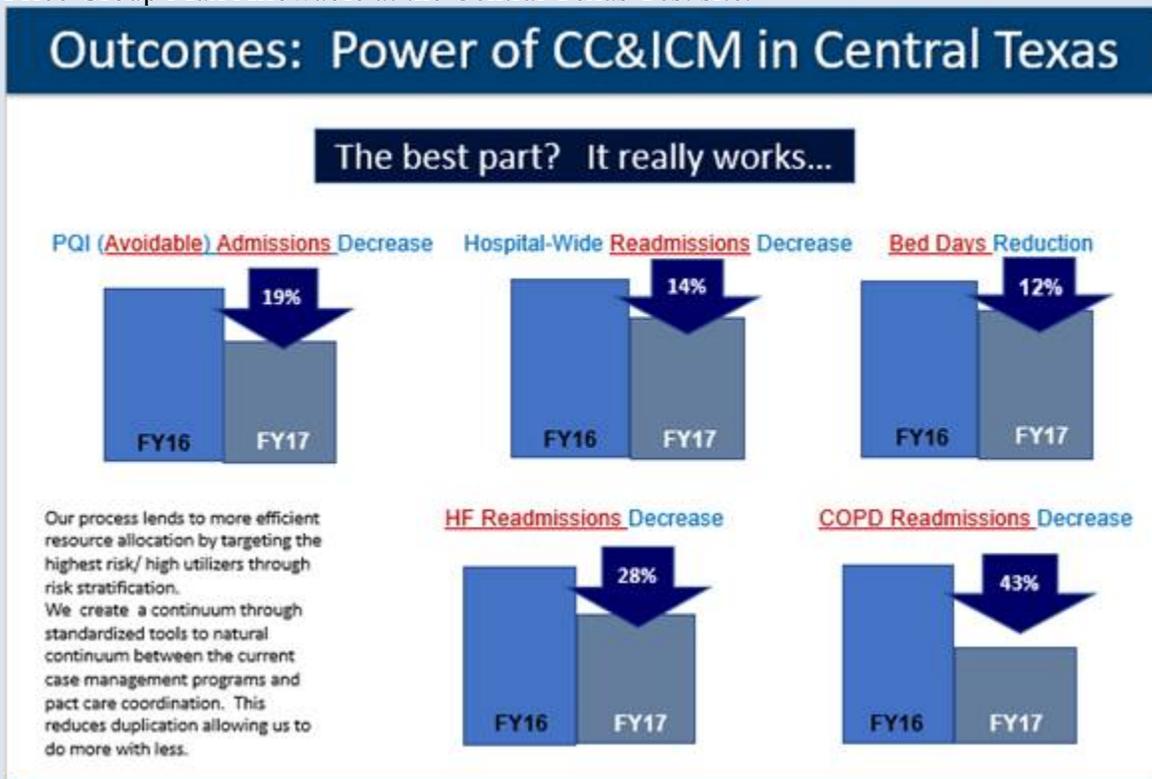
Leveraging the consensus for the Standardized Definitions Resolution, the CC/ICM GC was able to make recommendations to national policy makers for key concepts and nomenclature. The following two directives are key examples of national policies that have adopted CC/ICM GC recommendations: VHA Directive 1110.04, Integrated Case Management Standards of Practice and VHA Directive 1310, Medical Management of Enrolled Veterans Receiving Self-Directed, Non- VA Reimbursed Care from External Health Care Providers.

Passing of the Standardized Education resolution includes creation of The VHA CC/ICM Academy. This academic hub of resources will feature RACETIME. RACETIME is an eight-part field developed conceptual framework based upon the CMSA’s Integrated Case Management Manual principles and VHA Integrated Care Coordination & Case Management Toolkit. The curriculum has been tested and verified at multiple facilities and VA’s.

CC & ICM Governance Council Resolutions October 2018		
Resolution	Result	Next Steps
Accept the proposed standard definitions of Care coordination, care management, and case management definitions	<b>APPROVED</b> 37 Y, 1N	Recommendations being made to national policy makers to include standard language system wide.  Examples: <ul style="list-style-type: none"> <li>• VHA Directive 1110.04 Integrated Case Management Standards of Practice</li> <li>• VHA Directive 1310, Medical Management of Enrolled Veterans Receiving Self-Directed, Non-VA Reimbursed Care From External Health Care Providers</li> </ul>
Accept RACETIME as the national framework for implementation	<b>APPROVED</b> 37 Y, 1N	Deployment of national implementation guidebook

Front-Line implementation is supported through a comprehensive test site program. Currently, 12 test sites are working with the governance council to inform facility tailoring and standardization. Established monthly calls with each of the 12 test sites offer guidance and support as they implement promising practices. The test sites have made significant contributions to collaborate Evidence Based Peer Review research advocating for seamless and coordinated care. The sites have reported decreases in PQI (Avoidable) Admissions Decrease,

Hospital-Wide Readmissions Decrease, Bed Days Reduction, HF Readmissions Decrease, and COPD Readmissions Decrease. Many other promising trends are being tracked such as the 6% decrease in Patients exceeding Price Group Max Allowable at the Central Texas Test site.



To provide measurable outcomes, the CC/ICM project team facilitated discussions with developers from various risk tools to explore the feasibility of creating one risk tool and gained consensus to focus on using stop codes to define populations receiving case management service. The national team also maintains and/or contributes to a number of CC/ICM research initiatives. Key initiatives include:

- Collaborating with NCOD to establish a CC/ICM component of the AES;
- Leveraging existing AES results to measure employee satisfaction at test sites;
- Collaborating with HSRD to develop a joint CC/ICM research proposal;
- Managing .25 FTE COIN Funded Researcher in Residence for “Analyzing Nursing and Social Work Case Management Activity, Workload, Care Coordination, and Access to Case Management Services”;
- Participating in the national Community Care Data Strategy Meeting held in DC;
- Consulting on QUERI sponsored The Care Coordination QUERI: Improving Patient-Centered Care Coordination for High-Risk Veterans in PACT;
- And ongoing collaboration with Whole Health Program Leads;
- Hosting posters and presentation at the upcoming 2019 Care Management Society of America (CMSA) Conference.

A Comprehensive communication strategy facilitates bi-directional collaboration and consistent messaging among the CC/ICM GC, National Leads, Project Team, Pilot Sites and the Community of Practice. A diverse system of platforms has increased the efficacy of each communication. These include, Community or Practice Calls, Monthly Office Hours, Daily Huddles, Share Point Tool Kit, Site Visits, Virtual Visits, Professional Presentations, Leadership Briefings etc. Key to note is the CC/ICM Pulse site which was designed with cutting

edge human factors principles to promote a strong community of practice, facilitate broad information sharing, provide a direct connection to peer and national support, and validate best practices.



The collaboration between ONS and OSI has been key in managing the large scope and complexity of CC/ICM. OSI has provided the infrastructure necessary to maintain and progress the project. Under the leadership of ONS/CMSW and the Management of OSI, the VHA CC/ICM Initiative is on schedule to launch system wide in Spring 2019. In preparation for this, the CC/ICM GC is releasing the CC/ICM Guidebook in December 2018 and conducting proactive focus groups with VISN's to determine the barriers and opportunities for system wide implementation.

Learn more about how CC/ICM is impacting the entire VHA system by visiting the PULSE site. For additional information please contact [VHA Care Coordination Leadership](#).

### ❖ Clinical Contact Centers

- March 4, 2018 (Clinical Contact Centers added to ONS portfolio)
- May 1, 2018 the initial Clinical Contact Center Governance Board (CCCGB) was held in Washington, D.C.

Clinical Contact Centers (CCC) - The Clinical Contact Center program is dedicated to the modernization of VISN-VAMC based contact centers that currently respond to and support tens of millions of Veteran calls annually for clinical care. In association with a developing aggregate of field-based and program office advisors, the Clinical Contact Center program serves to facilitate the myriad of modernization activities (business process and competencies, organizational and technology) necessary to ensure that when our Veterans contact us for clinical care, there is a fully-equipped and trained VA employee there to serve their clinical needs.

Clinical Contact Centers Governance Board (CCCGB) - Formerly established in May 2018, the CCCGB serves as the enterprise-level governance body tasked with providing the field-based and program office level integration and decision-making support for the modernization of clinical contact centers. To date, the CCCGB has aligned behind a VISN-level clinical contact center model that is now serving as the end state vision for these essential clinical and clinical support services.

## CLINICAL PRACTICE

ONS Clinical Practice provides National leadership in making recommendations regarding clinical practice, creating new models of care, introducing new nursing roles and advancing existing roles to improve Veteran access to care.

### ❖ Clinical Practice Program

The Clinical Practice Program (CPP) supports nursing practice at the point of care. It is comprised of 12 Field Advisory Committees (FACs) chaired by Clinical Nurse Advisors.

Clinical Nurse Advisors:

- Nursing experts in high priority clinical programs, providing recommendations regarding nursing practice to ONS leadership.
- Chair of their respective Field Advisory Committees (FACs).
- Resource for providing nursing input regarding National directives.
- Champion for national program initiatives.
- Active participants on relevant program office field advisory committees.
- Collaborate with VA Central Office Program Offices.

Field Advisory Committees (FACs):

- Recommend best practices, clinical practice guidelines, standards of care utilizing Evidence-Based Practice (EBP).
- Develop staff & patient educational products.
- Develop support tools for documentation, competencies, etc.
- Develop publications.
- Provide guidance and recommendations regarding National policy.

2018 CPP accomplishments/products:

- National Cardiology SharePoint (Cardiology).
- Heart Failure Nursing Education Toolkit (Cardiology).
- Telemetry Monitoring Guideline project (Cardiology).
- Standardized ED Triage Template (Emergency Department).
- Nurse First Triage Program (Emergency Department).
- Gerontological Nursing Review Webinar Series (Geriatrics & Extended Care).
- Med/Surg Simulations to assist in nursing competency validations (ICU/Medical Surgical).
- End of Life Care ICU Toolkit (ICU/Medical Surgical).
- Therapeutic Communication/Suicide Prevention training film (Mental Health).
- Psych Mental Health Orientation Guide (Mental Health).
- Shared Decision-Making Training (Metabolic Syndrome/Diabetes).
- Life Sustaining Treatment Decisions training session (Oncology).
- Mammography Self-Referral Pilot program (Oncology).
- Nursing Pain Toolkit (Pain).
- Fire Risk Assessment Care Plan (Perioperative).

- Rehabilitation Nursing: Therapeutic Communication Training & Crisis Intervention Webinar (Polytrauma/Rehab/SCI).
- VA Pressure Ulcer Resource (VA PUR) App (Pressure Injury Prevention and Management).
- Virtual Skin and Wound Education Series (Pressure Injury Prevention and Management).

Clinical Practice Program (CPP) products (competencies, documents, education, etc.) available on CPP Products page: <https://vaww.va.gov/nursing/cppProducts.asp>

### ❖ **Advanced Practice Registered Nurse Full Practice Authority (APRN FPA)**

VA amended medical regulations on January 13, 2017 to permit Full Practice Authority (FPA) to Advanced Practice Registered Nurses (APRNs) when acting within their scope of VA employment with the exception of prescribing controlled drugs, which remains under the authority of the federal Controlled Substances Act. FPA is the collection of state practice and licensure laws that allow for APRNs to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments including prescribing medications under the exclusive licensure authority of the state board of nursing. Standardization of FPA helps to ensure a consistent delivery of health care across VA by decreasing the variability in APRN practice. FPA aids VA in making the most efficient use of APRN staff capabilities, which increases VA's capacity to provide timely, efficient and effective Veteran care.

2018 APRN FPA highlights:

- ONS welcomed Penny Kaye Jensen, DNP, FNP-C, FAAN, FAANP as APRN Program Manager
- 132 facilities have passed their medical bylaws to grant Nurse Practitioners (NP) and Clinical Nurse Specialists (CNS) Full Practice Authority (FPA).
- 22 site visits conducted to facilitate the implementation of FPA to date.
- New National APRN Council launched.

FPA Resources page: <http://vaww.va.gov/nursing/fpa.asp>

### ❖ **National Nurse Practice Council (NNPC)**

The National Nurse Practice Council (NNPC) is a formally recognized body in the national shared governance structure within ONS. NNPC provides ONS with the nursing staff perspective for issues and activities that impact professional nursing practice and VHA national nursing strategic planning. NNPC collaborates with the CPP FACs and workgroups to establish best practice recommendations.

2018 NNPC highlights:

- ONS welcomed Justine Giordano, RN, BSN, BA, MHA as new Chair of NNPC.
- SharePoint updated to include links to national directives and programs, responses to all clinical inquiries, shared evidence-based practices, and ONS monthly bulletins.
- Recruited new members to represent local facilities in all areas of nursing nationally.
- Needs assessment completed.
- Participation in Workforce Management EHR Council, CPP, NELB, NIC and NSC work groups.

Office of Nursing Services (10A1)  
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Internet: [www.va.gov/Nursing](http://www.va.gov/Nursing)  
Intranet: [vaww.va.gov/Nursing](http://vaww.va.gov/Nursing)