

Evaluation of Strategic Initiatives of the Office of Nursing Services– Call for Concept Papers

Funding Opportunity: The QUERI Program, in partnership with the Office of Nursing Services (ONS), requests concept papers for two Evaluation Centers to help evaluate strategic initiatives of ONS. We anticipate funding two geographically dispersed Centers for 2 years at a level of \$225,000 per Center. The oversight of the Centers will be shared between the ONS and the QUERI Program, Office of Research and Development. Centers will report progress and produce evaluations as part of the Office of Nursing Services Strategic Initiatives process and will be expected to adhere to tight deadlines.

Background: ONS has initiated a variety of important programs under their Strategic Initiatives to improve access to and quality of nursing related services. The initiatives requiring evaluations are:

- **Staffing Methodology:** VHA Directive 2010-034 “Staffing Methodology for VHA Nursing Personnel” was sent out establishing a mandate for all facilities to implement the national standardized method of determining appropriate direct care staffing for VA nursing personnel at all points of care. Further, as of September 30, 2011 all facilities should have implemented the national staffing methodology for nursing personnel in accordance with the Directive. The Directive aims to implement an evidence-based staffing methodology for relating staffing levels and staff mix to patient and resident outcomes, clinical effectiveness, and efficiency to provide Veterans high-quality healthcare that is appropriate and safe. This requires the systematic collection of a minimum set of core evidence-based data to support staffing decisions and a foundation of professional judgment, critical thinking, and flexibility. Currently VA Nursing Outcomes Database (VANOD) data is used to extrapolate nursing sensitive indicators.
- **RN Residency Program:** In 2009, ONS launched a 12-month pilot of an RN residency program at eight VHA facilities. Evaluation of the program included four primary data collection instruments: the Residency Competency Assessment (RCA); focus groups; Casey-Fink Graduate Nurse Experience Survey-2006; and overall program surveys for the participants and implementation team. The evaluation also included a business impact analysis. This included looking at turnover and retention of the residents as well as measures such as quality of work, patient safety, improved communications, and improved teamwork. Overall the pilot evaluation indicated that the program was a success and proved to be beneficial to every pilot facility. The business case analysis points to net program benefits for the pilot. In November 2011 VHA Directive 2011-039 *VHA Registered Nurses Transition-to-Practice Program* was released. This directive requires that each facility support and implement a facility RN Transition-to-Practice Program for all post-graduate nurses. ONS has provided resources for use by facilities in the implementation of these programs.
- **Hospital Acquired Pressure Ulcers (HAPU):** VHA released Handbook 1180.02 titled “Prevention of Pressure Ulcers” and this Handbook provides comprehensive guidance for the assessment and prevention of pressure ulcers relevant to all clinical care settings including Acute Care, Inpatient Mental Health, Spinal Cord Injury Centers, Community Living Centers, Home-Based Primary Care, and Outpatient Primary Care. In August-October 2011, the National VHA Hospital Acquired Pressure Ulcer (HAPU) prevention initiative (an interprofessional workgroup) was formed and was charged with “Getting to Zero” by creating a culture of change, communication and commitment to support the VHA goal of eliminating HAPUs. The main purpose of the VHA HAPU Prevention Initiative is to focus on support activities related to PU prevention and VHA Handbook 1180.02 implementation.

Goals of Evaluation: The aims of the evaluation Centers are to serve the needs of ONS to evaluate the impact of these stated strategic initiatives in order to inform decisions about maintaining, modifying and expanding the programs. In addition, the QUERI program is interested in learning about variation in the implementation of the programs across different sites in order to inform how to successfully spread similar initiatives that are successful. The evaluation should examine the effects of individual initiatives on the following outcomes of interest, as appropriate:

- Implementation assessments
- Length of time the staffing methodology takes at both the unit and facility level
- Resources required to implement the staffing methodology
- Recommendations based on facility expert panel reviews that decides on unit based suggestions
- Are the facilities implementing the unit based panel recommendations (or how are they modified to reach an agreement)
- Recommendations for unit specific indicators that are frequently used
- Comparison of outcome measures to assess the effectiveness in patient outcomes (quality, safety, and satisfaction) and staff outcomes (satisfaction/retention and safety)
- Business case analysis addressing issues such as turnover, number of residents completing the program, and staff satisfaction
- Review of the assessments of the residents, i.e., the Residency Competency Assessment and the Casey-Fink Survey, as well as other measures of resident skills and competencies.

Study designs: A variety of study designs should be employed for evaluation to assess the given programs and outcomes described above. Designs will include a mix of survey methods, administrative and clinical data from EHR, and prospectively collected data from intervention sites. Designs using appropriate matched controls (rather than simple before-after designs) are encouraged where possible. Concept papers should discuss feasibility (including issues of costs and statistical power) of different alternatives.

Partnerships: Evaluation will require active partnership with the ONS and involved sites, Centers and VISNs. Preference will be given to teams that have experience studying or implementing new models of nursing care and partnerships with relevant offices (including VISN leadership) on similar issues.

Location: Selection of Centers will take into account location and access to the involved sites being evaluated. Ideally, the two Centers would be dispersed geographically to provide broad coverage of the involved sites.