Overview

The Nursing Innovations Center for Evaluation (NICE), at the James A. Haley Veterans’ Hospital in Tampa, FL, works in partnership with the VA Office of Nursing Services (ONS) to evaluate high priority ONS strategic initiatives. Established in 2014, NICE has completed several evaluations.

Evaluations

Pressure Ulcer Handbook. NICE investigators evaluated a national implementation of the Veterans Health Administration (VHA) Handbook 1180.02 for the Prevention of Pressure Ulcers (PrU). Investigators examined clinical and documentation practices that either positively or negatively affected skin-risk indicator data as identified in VA Nursing Outcomes Database (VANOD) reports.

Key Findings:
- Missing data in the administrative database (mapping of nursing units and hospital-acquired PrU at Stage 2 or greater) limited its usefulness.
- Achieving valid and reliable data was facilitated when the facility used a consistent internal data validation process, and when the standard VANOD PrU template used by most VA facilities was modified by embedding it into the nursing notes reflecting local care processes.
- Achieving consistency in clinical process was more likely when the facility used an interdisciplinary PrU committee for multiple functions (i.e., data validation, wound treatment protocols), and when wound staging was limited to staff with specialized knowledge and skills, (i.e., wound care specialists or staff nurse wound champions).

Impact: The ONS Pressure Ulcer Workgroup integrated findings in their revisions to the VHA Pressure Ulcer Prevention Handbook 1180.02, and in developing their responses to the Office of Inspector General Report of VA facility PrU prevention performance audits.

Doctorally-Prepared Nurse Workforce. VA’s Office of Nursing Services is critically evaluating its doctoral nursing workforce in terms of size, scope, and function to better leverage their expertise to meet VA’s clinical, administrative, and research strategic goals. This NICE QUERI project used multiple methods to determine the scope and function of the VA doctoral nursing workforce. Using five different search strategies, investigators identified 2,405 doctorally-prepared nurses (DPN, PhD, EdD, DNSc, DHA, etc.) in the VA healthcare system, and received 929 responses from a confidential online survey (40% response rate).

Key Findings:
- Participants reported that their roles were limited and their skills were “underutilized.” They also reported limited opportunity for professional development.
- Those who identified as DNPs and APRNs did not perceive they were valued or respected at facility or organizational levels, and salaries and advancement opportunities did not reflect their education, experience, or expertise, and that they did not have support for research.
- Participants reported that working with Veterans was fulfilling.

Impact: Evaluation findings were presented to ONS, to an ONS-convened Summit Meeting, and to the ONS Nursing Research Field Advisory Committee. The latter is using evaluation results to align degree types, position descriptions, functional statements, and position expectations. Moreover, the report provided the evidentiary basis for creating options for collaboration between the PhD and DNP nurse to achieve research and clinical outcomes.
Evidence-Based Practice Curriculum. To assist post-baccalaureate graduate nurses (PBGNs) in the transition from entry-level nurse (BSN) to VA-trained, competent, professional registered nurse, VA released a directive to implement the Registered Nurses Transition-to-Practice Program, which includes an Evidence-Based Practice Curriculum (EBPC). To determine the effectiveness of the EBPC, NICE QUERI evaluated reactions of facility faculty to the EBPC at two train-the-trainer meetings. NICE is currently in the process of evaluating:
1) Faculty and PBGN nurses’ use of and response to the EBPC; and
2) How PBGNs incorporate the principles of evidence-based practice into nursing care and interactions with Veterans.

Key Findings:
- Faculty highly rated the EBPC content. They felt they had expanded their knowledge of EBP (93%) and skills (86%), and had a more favorable attitude toward teaching EBP to PBGNs (86%) because of the training. However, despite these gains, only 36% reported they were confident they would have time to teach the EBPC, and only 57% reported they were confident they had the resources and expertise to teach the EBPC.
- Nevertheless, 93% of faculty reported they were “more likely to teach EBP to new nurses using this training curriculum because of this training.” Facility faculty reported the greatest strength of the EBPC was its activities and tools.

Impacts: ONS evidence-based practice leaders used evaluation data to revise the curriculum. As of May 2017, EPBC was being used at 15 VA medical centers. Surveys are in process to evaluate faculty and PBGNs experiences and outcomes after use of the EPBC.

Nurse Executives’ Perspectives on Evidence-Based Practice. Despite well-trained and motivated facility faculty to deliver evidence-based practice (EBP) content to nursing staff, there exists an EBP culture—endorsed by nursing leadership—that promotes a project-based approach to EBP. Office of Nursing Services EBP leaders argue for reconceptualizing EBP from project-based activities to nursing practice that integrates evidence, clinical expertise, and patient preferences at the point of care. This new conceptualization is expected to expand the reach of EBP beyond specific “projects” to a framework for practice. NICE QUERI investigators interviewed 14 Associate Directors of Patient Care Services (ADPCS) regarding the promotion of EBP.

Key Findings:
- Level of staffing for EBP, definition and operationalization of EBP, and implementation of the Evidence-Based Practice Curriculum (EBPC) varied across settings.
- EBP champions played an important role in helping bedside nurses to shift their practice framework from “nursing care to nursing science” in support of a culture of EBP.
- Barriers to EBP included resistance from late-career nurses and physicians, and a lack of resources and protected time for nurses. Facilitators included a culture in which nurse executives and leadership set expectations for EBP, and used shared governance to implement it.
- Nurse executives support EBP by setting expectations, providing resources, assigning champions, and creating an EBP culture vis-à-vis communication and language.
- Nurse Executives suggested that ONS could support EBP by defining and standardizing the EBP framework, providing educational support and materials, creating a culture within the VA nationally, and providing financial support to facilities.

Impacts: Results were presented to ONS leadership, and NICE staff will assist ONS in developing recommendations for implementing a culture-based framework for EBP in the VA healthcare system.