1. **REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook establishes the policy for the operation of care delivery and the elements of practice for VHA Nursing.

2. **SUMMARY OF MAJOR CHANGES.** This is a new Handbook for VA Nursing Services to replace Manual M-2, Part V, Clinical Affairs, Nursing Service.

3. **ACTIONS.** Full implementation of APRN policies to be completed no later than one year from publication of the Handbook.

4. **RELATED PUBLICATIONS.** None

5. **RESPONSIBLE OFFICE.** The Office of Nursing Services is responsible for this VA Nursing Handbook. Questions may be addressed to (202) 461-6700.

6. **RESCISSIONS.** Clinical Affairs M-2, Part V, Chapters 1, 2, 3, 4, 5, & 6

7. **RECERTIFICATION.** This Handbook is scheduled for recertification on or before the last working day of August 2015.
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1. **PURPOSE**

The nursing handbook is to provide guidance for the consistent, safe, effective, and efficient delivery of nursing care within the Veterans Health Administration (VHA). This handbook provides direction to assist in decision-making and program development related to nursing practice. The handbook provides guidance inclusive of nursing practice environments, populations, technologies, and workforce designs. Professional nursing practice concepts are described to reflect evidence-based practice for current and future efforts.

2. **BACKGROUND**

   a. Research and evidence-based practice have demonstrated the significant and synergistic relationships between delivery of nursing care, patient outcomes, and staff satisfaction as well as process effectiveness and efficiency. Recognizing that nursing is complex and that paradigms have shifted (and will continue to shift), VHA nursing care delivery will be agile, innovative, and supportive of the Veteran as the driver of their individual healthcare.

   b. Shared governance, collaborative decision-making, and (Registered Nurse) RN and Advanced Practice Registered Nurse (APRN) autonomy have enhanced current nursing practice environments. Within VHA, a transformational shift is occurring in which the Veteran is the driver of his or her own healthcare. As a result, a Veteran-driven model of care delivery is being utilized. This model represents flexibility and recognizes the need for the Veteran to be the driver of care within an environment that promotes continuous learning while providing an excellent place of employment for the healthcare employee. As paradigms continue to shift, it is expected that VHA nursing will also continue to evolve, change, and adapt.

3. **MISSION/VISION/VALUES**

   a. **The Office of Nursing Services Mission.** The Office of Nursing Services provides leadership and strategic direction for nursing practice across the entire continuum of care delivery that impacts Veterans.

   b. **VHA Nursing Vision.** VHA Nursing is a dynamic and diverse group of healthcare leaders and professionals whose innovative and competent practice creates the culture whereby Veterans drive the plan of care to attain and sustain their highest state of health and wellness.

   c. **VHA Nursing Values.** VHA nursing endorses the VA values “I Care.”

Because I CARE, I will:

**Integrity:** Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

**Commitment:** Work diligently to serve Veterans and other beneficiaries. Be driven by an
earnest belief in VA’s mission. Fulfill my individual responsibilities and my organizational responsibilities.

**Advocacy**: Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

**Respect**: Treat all those whom I serve and with whom I work with dignity and respect. Show respect to earn it.

**Excellence**: Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

4. **PHILOSOPHY**

This philosophy is a reflection of the beliefs and approach to practice of VA nurses underscored by SERVICE to Veterans and their families. VA nurses:

a. Steward – Are attentive to efficiency and effectiveness aligned with organizational priorities;

b. Ethics – Earn the trust and respect of co-workers those served;

c. Respect – Are trusted, and relied upon for their competence, engagement and dedication;

d. Veteran-centered health care - Assess the environment in which they operate and devise solutions with the intent for Veterans to direct/drive their health care;

e. Innovative – Seek continuous improvement and creative strategies to remain at the forefront in knowledge, proficiency, and capability;

f. Compassion – Provide thoughtful care with consideration for individual needs and concern for cohorts of individuals;

g. Excellence – Provide the highest standard of care and services to Veterans with high reliability.

5. **THE VHA ORGANIZATIONAL STRUCTURE**

a. The Office of Nursing Services works in support of VA Medical Centers in collaboration with the Deputy Under Secretary for Health for Operations and Management (DUSH/OM), the Deputy Undersecretary for Policy and Planning, and the Veterans Integrated Service Networks (VISN).
b. **Office of the Deputy Under Secretary for Health for Policy and Planning.** The Office of the Deputy Under Secretary for Health for Policy and Planning is responsible for VHA mission critical planning, forecasting, information, and policy analysis. In addition, the DUSH/PP provides oversight for VHA strategic goals and performance measures and targets for the VISNs.

c. **Office of the Deputy Under Secretary for Health for Operations and Management.** The DUSH/OM for the VHA is the Chief Operating Officer and is responsible for VHA’s 21 VISNs. This role is also responsible for VHA Clinical administrative programs, including Business Office, Office of transformation, clinical operations, canteen services, health care engineering, safety and technical services, acquisition and procurement, and Capital assets. For more information see: [http://vaww.dushom.va.gov](http://vaww.dushom.va.gov).

d. **Veterans Integrated Service Networks (VISNs).** The VHA established a regional network system in 1995 to decentralize clinical management that resulted in 21 regional networks called Veterans Integrated Service Networks or VISNs. These 21 VISNs are the fundamental units for managing funding and ensuring accountability for outcomes. Each VISN is responsible for coordination and oversight of the administrative and clinical activities within a geographic area of the country. A map is included below that shows the location of the VISNs. Note: VISN 23 is a consolidation of the previous VISNs 13 and 14.

![Map of VISNs](https://via.placeholder.com/150)

August 2011

e. **Office of Nursing Services (ONS).** ONS utilizes a shared governance model to provide leadership, guidance, and strategic direction for nursing practice across the continuum of care that impact Veterans. ONS is committed to aligning nursing strategic goals with field-based operations and organizational priorities. National nursing strategic
goals are developed through a process that is shaped by healthcare projections and a clearly defined desired future state for VA and VHA nursing. For more information see: [http://va.vaww1.va.gov/nursing/index.asp](http://va.vaww1.va.gov/nursing/index.asp).

(1) **Chief Nursing Officer.** The Chief Nursing Officer (CNO) provides leadership and guidance for all matters related to VHA nursing. The CNO is responsible for the development, implementation and evaluation of national policy and strategic planning activities that support the VHA missions of clinical care, education, research, and emergency preparedness support to the Department of Defense.

(2) **Deputy Chief Nursing Officer.** The Deputy Chief Nursing Officer (DCNO) has oversight responsibility for the daily management of ONS activities and initiatives in collaboration with the CNO. In addition, the DCNO provides guidance and leadership to key VHA Department officials on all matters relating to nursing and the delivery of patient care services. Represents CNO at the executive leadership level.

(3) **Clinical Executive.** The Clinical Executive supports the CNO, the DCNO and all ONS Program Directors with clinical activities and with initiatives that span across multiple ONS portfolios. Serves as a liaison to clinical programs in the Office of DUSHOM.

(4) **Director for Academics and Research.** The Director for Academics and Research provides guidance, consultation, policy development, program evaluation and leadership for all evidence based practice, nursing research, and academic national nursing initiatives. The Director leads the academics and research team which focuses on creating the infrastructure for VA nurses to consistently apply the best evidence to improve healthcare.
delivery throughout VHA. The Director serves as a liaison to the National Nursing Research Advisory Group (NRAG) and related VHA Program Offices including the Office of Academic Affiliations, Office of Information and Analytics, Office of Research & Development and Office of Quality, Safety, and Value.

(5) **Director for Career Development and Workforce Management.** The Director for Career Development and Workforce Management (CDWM) provides strategic leadership, policy development, consultation, guidance, and program evaluation for national initiatives related to the recruitment, development and retention of a high-performing nursing workforce. The Director serves as the National Program Director for Professional Standards Boards for all nursing occupations and is a liaison to the Workforce Services Office, and the National Partnership Council.

(6) **Director for Clinical Practice.** The Director for Clinical Practice provides leadership and guidance for issues related to nursing clinical practice. The Director leads the clinical practice portfolio team that provides guidance to the field and other program offices for nursing practice as it relates to: transformational initiatives, new nursing roles and models of care, primary and specialty care and advanced practice nursing. The Director for Clinical Practice serves as a liaison to the Office of Patient Care Services, Women’s Health, and to Nursing Practice Transformation.

(7) **National Shared Governance Groups.** Shared governance groups provide a vehicle for bi-directional communication between ONS and field activities as well as engagement on national efforts to support high reliability. Group members develop proposed national nursing initiatives for all strategic goals which provide the roadmap for VA nursing to initiate and support key actions. Through this structure, field-based representatives have substantial impact on shaping the future for VA nursing and facilitating innovations in nursing practice, informatics and technology, and business processes that enhance quality and patient safety. National nursing strategic goals are developed under a shared governance model with members of the following groups:

(a) **National Nursing Executive Council (NNEC).** NNEC is chaired by the CNO and Formally is a chartered body of Nurse Executives representing each VISN, ONS professional staff, and chairs of the advisory groups, that provide expert nursing opinion for the development of national nursing strategic goals. VISN Directors recommend two-year appointments to the Chief Nursing Officer for membership. NNEC strategic goals are in direct alignment with VHA priorities. System-wide attention to these interdependent nursing goals provides the leverage that leads to the achievement of the desired future state for VA Nursing. It is important to note that there are critical programs supporting each of these interdependent goals:

- informatics/technology
- data management
- research
- general nursing practice
- advanced practice
(b) **National Nursing Practice Council (NNPC).** The NNPC is a formally chartered, field advisory group of direct care nurses that advises ONS on general clinical practice issues, standards and quality of care issues, and professional development issues. Additionally, the NNPC may assist with program evaluation and the dissemination of new program information to the field.

(c) **Nurse Research Advisory Group (NRAG).** NRAG establishes priorities for VHA nursing research and represents the interests and concerns of Nurse Scientists and investigators. NRAG consists of doctorally prepared Nurse Scientists who geographically represent VHA and serve in an advisory capacity to ONS for strategic planning and issues related to research. NRAG establishes, implements, and evaluates the strategic plan for VA nursing research.

(d) **Advanced Practice Nurse Advisory Group (APNAG).** The term Advanced Practice Registered Nurse (APRN) refers to nurses with nationally recognized graduate or doctoral educational preparation and certification, usually as either a clinical nurse specialist (CNS) or nurse practitioner (NP), but can also refer to certified registered nurse anesthetists (CRNA) and nurse midwives (CNM). APNAG serves in an advisory capacity to ONS for strategic planning, issues, and activities of VHA organizational impact related to advanced practice nursing.

(e) **Clinical Practice Program (CPP).** The ONS Clinical Practice Program is comprised of nurse clinicians in specialty practice. Each area of specialty practice has a designated clinical advisor appointed by ONS to lead a Field Advisory Committee (FAC) that is responsible for defining recommendations for the assessment and design of a broad range of specialty nursing practice initiatives and evaluation of nursing-sensitive clinical outcomes in all care settings. The program is charged with:

1. Aligning work of assigned patient populations with National Nursing Strategic Goals/Objectives, and

2. Identifying/developing recommendations for:
   - Best practices, practice guidelines, patient care standards, and policy guidance
   - Pain management at all points of care
   - Health promotion and disease prevention
   - Staff and Veteran/caregiver training and educational priorities
   - Support tools for documentation, references
   - Clinical inquiries supporting a research agenda
   - Publications and appropriate mechanisms for dissemination of best practices
   - Potential oversight functions needed in the field in any area of focus
The following displays the functional model of the Office of Nursing Services:

There are six overarching initiatives for ONS: Leadership excellence, information and e-health technology, research and evidence-based care, academics, healthcare and nursing practice transformation, and career development and workforce management. The key initiatives are bi-directionally aligned with VA’s guiding principles and a shared governance structure of multiple national nursing advisory groups.

e. VA Medical Centers (VAMC). VA Medical Centers (VAMC) provide a wide range of comprehensive services including traditional hospital-based services such as surgery, critical care, mental health, orthopedics, pharmacy, radiology and physical therapy. VAMCs offer additional medical and surgical specialty services and some may offer advanced services such as organ transplants and plastic surgery. For information about specific VAMCs, go to http://vaww1.va.gov/health/VAMCIntranetSites.asp.
(1) **Nursing Leadership.** The following positions describe nursing leadership roles at the VAMC level. [Note: The nursing leadership structure may vary based on local needs.]

(a) **Associate Director for Patient Care Services (ADPCS)/Chief Nurse Executive (CNE).** The ADPCS is a key member of the executive leadership team along with the Facility Director, Associate Facility Director, and Chief of Staff. The ADPCS is positioned at the executive level of the VA Medical Center organization to effectively lead nursing and other patient care services, programs, and disciplines to influence other executive stakeholders and provide the leadership that impacts the organization at all levels.

Key nursing functions of Chief Nurse Executives include the following:

1. Responsible for designing an organizational structure for nursing that supports interdependent and autonomous professional practice; Initiates and guides local approaches that are aligned with the National Nursing Strategic Plan;

2. Responsible for the delivery of all nursing care regardless of the organizational structure to incorporate the elements of nursing practice based on licensure, appropriate nursing staffing levels, professional standards, credentialing and privileging, academic and research initiatives;

3. Responsible for the integration of nursing with other functional areas in the achievement of organizational goals. The ADPCS relies on interprofessional engagement and highly collaborative relationships to build relationships with staff and colleagues, and fosters stewardship;

4. Take the appropriate actions to ensure that all elements of VA labor-management relations policies involving their staff are consistent with the requirements of the program;

5. Supports the nursing role in comprehensive emergency management to ensure the health and safety of the patients, staff, and visitors; and to provide for the continuity of patient care and essential operations;

6. Responsible for the adherence to all accreditation and regulatory requirements that affect the nursing practice environment;

7. Assures that structures and processes facilitate both vertical and horizontal communication, and value propositions attending to appropriate business principles; and,

8. Creates an environment that encourages active engagement. Values input and feedback from nursing roles at all levels. Supports decision-making at the unit level. Nursing leaders are visible, accessible, and committed to communicating effectively to create an environment of Veteran-centered care. Strong nursing participation is evident throughout the entire organizational committee structure.
(b) **Deputy Associate Director for Patient Care Services (DADPCS/Deputy Nurse Executive (DNE).** The DADPCS/DNE is the primary official reporting to the Chief Nurse Executive (CNE) with responsibility for the delivery of nursing care and management of nursing personnel and resource management. The DADPCS/DNE advises the CNE on matters concerning nursing policies, procedures, and protocols. The DNE collaborates with facility leadership in assuring the alignment of nursing programs, policies, and resources with facility goals. In multidisciplinary meetings, the DNE and CNE serve as nursing experts to communicate nursing and health care trends. The DNE is directly responsible to the ADPCS/Chief Nurse Executive and may assume responsibilities in absence.

(c) **Associate Chief Nurse.** The Associate Chief Nurse is responsible for providing leadership in the delivery and improvement of patient care through collaborative strategies with others; continued readiness for internal or external review; coordination of nursing quality measures and analysis, strategic planning coordination; budget development and monitoring; collaboration with service chiefs and service line directors to enhance patient care delivery; and the development and follow-up of performance goals that address customer satisfaction, quality care, cost, and efficiency.

(d) **Nurse Officer of the Day (NOD).** The NOD is accountable to the ADPCS/CNE or DADPCS/DNE and responsible for providing leadership and supervision to all nursing staff on non-administrative tours in order to ensure appropriate oversight and provision of patient care throughout the VAMC. The NOD may also be responsible and accountable for the assessment and evaluation of staff performance; effective utilization of staff resources, supplies, equipment, and overtime expenditures; and communication with senior nursing and other facility leadership, and nurse managers. The NOD carries out strategic initiatives across off-tours.

(e) **Nurse Manager.** Nurse managers collaborate with nursing leadership, colleagues, and peers of other disciplines in organizational planning, innovation, and evaluation. They provide appropriate justification for resources and allocate available resources to promote efficient, effective, safe, and compassionate Veteran-centered care. Nurse managers assure that nursing practice is based on current professional standards and the best available evidence. Additionally, the nurse manager develops and maintains a learning environment that is open and respectful, and promotes professional inquiry.

(f) **Assistant Nurse Manager.** The Assistant Nurse Manager serves as an assistant with line authority to the point of care Nurse Manager to provide leadership and direction to the nursing staff. H/she is accountable for adhering to established policies, standards of care and standards of practice; to demonstrate leadership in the improvement of nursing care; and for the administrative management, supervision and evaluation of nursing personnel at the point of care.

(2) **Nursing Practice Roles.** Nurses’ collaborate with healthcare colleagues to provide and direct the coordination of care for individual patients and patient populations at all points of care and across settings. All nursing staff in each role are expected to share their expertise informally as well as through formal venues such as the role of preceptor, coach, and mentor as
well as the programs that prepare one for these roles. VHA nursing staff serve as preceptors for students from a variety of academic programs.

Nurses have a pivotal role in the development and implementation of systems for Veteran care by participating on committees, councils, and administrative teams. The nurse is a steward of healthcare resources and participates in quality of care activities as appropriate to the individual’s position, education, and practice environment.

Nurses engage in self-evaluation of practice and seek feedback on a regular basis. The peer review process stimulates professionalism through increased accountability and promotes self-regulation of practice. Nurses at all levels routinely use self-appraisal, performance review and peer review including annual goal setting to assure competence and professional development.

(a.) **Unlicensed Assistive Personnel.** Unlicensed Assistive Personnel (UAP) is nursing assistants, medical technicians or health technicians who work under the authority of a licensed clinician. UAPs may also be cross-trained to provide some clerical functions.

1. **Nursing Assistants (NAs).** A Nursing Assistant is an entry-level health care role delivering basic routine daily clinical care to patient under the delegated authority of an RN or other licensed health care professional. Nursing Assistants may complete requirements for certification.

2. **Health Technicians (HTs).** A Health Technician is an entry-level staff position responsible for the delivery of a variety of basic clinical and clerical functions of patient care. HTs must have a high school diploma or GED equivalent and documented successful completion of a Military Medical Technician or health technician training program.

(b) **Licensed Practical/Vocational Nurses (LPN/VN).** The LPN/VN role supports Veteran care and the Registered Nurse or provider’s practice. LPN/VN practice encompasses the following: Data collection, health screening based on physical examination and observations, direct care activities, administration of medications and treatments, contributing to the plan of care, patient education, documentation and assisting with procedures.

(c) **Registered Nurses (RNs).** RNs work in various settings across the continuum of care from preventive, to acute to palliative/end of life care. RN practice incorporates patient advocacy, education and active participation as an interdependent and interprofessional team member. RNs utilize evidence-based critical thinking, decision-making, and interpersonal skills to assess and communicate a patient’s condition and needs with a non-judgmental approach, respecting the varied cultural backgrounds and traditions of each individual, leading to the development and implementation of a patient-centered nursing plan of care.

1. **RN Care Manager.** The Primary Care RN Care Manager is a member of the Patient Aligned Care Team (PACT) teamlet who provides comprehensive and coordinated holistic care to a panel of Veterans. The RN Care Manager collaborates with services internal and external to the VA system of care to effectively meet the health
promotion/disease prevention, acute, chronic and long-term needs, based on the Veteran’s goals and plan of care with a focus on self-management.

2. **Clinical Nurse Leader (CNL).** The CNL is a master’s prepared generalist who oversees the care for a distinct group of patients and actively provides direct patient care in complex situations. This clinician puts evidence-based practice into action, collects and evaluates patient outcomes, assesses cohort risk, and has the decision-making authority to change care plans when necessary. The CNL communicates, plans, and implements care directly with other health care professionals, including physicians, pharmacists, social workers, clinical nurse specialists and nurse practitioners (AACN, 2010). The role differs from that of a Clinical Nurse Specialist (CNS) in that the CNL provides clinical leadership across all specialties at the microsystems level while the CNS’ focus is specialty populations at the macrosystems level.

(d.) **Advanced Practice Registered Nurses (APRN).** The term “Advanced Practice Registered Nurse” refers to a group of nurses with nationally recognized graduate or doctoral educational preparation and certification, and includes Clinical Nurse Specialists, Nurse Practitioners, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives.

1. **Clinical Nurse Specialist (CNS).** A CNS is an APRN who has completed a master's or doctoral degree and board certification in a specific population foci. A CNS holds an advanced practice degree and national board certification in a specialized area of nursing practice. The specialty may be identified in terms of a population, setting, medical disease or subspecialty, or type of care or problem. CNS’s practice in a wide variety of healthcare settings. CNS’s deliver direct care and consult with other clinicians to provide specialized services to improve patient outcomes; and provide clinical expertise to effect system-wide changes to improve specialized programs of care. The primary goal of the CNS is continuous improvement of patient outcomes and nursing care at the macrosystem level.

2. **Nurse Practitioner (NP).** NP is an APRNs who has completed a master’s or doctoral degree in the diagnosis and management of clinical conditions and for a specific population foci. NPs provide a broad range of acute and chronic healthcare. NPs hold an advanced practice degree and a national board certification. NPs are trained and nationally board certified in various specialty areas such as Family Practice, Gerontology, Women’s Health Psychiatry & Mental Health, Acute Care, Adult Health, Oncology, Emergency Medicine, and Occupational Health. NPs must be certified in the area of assigned practice.

3. **Certified Registered Nurse Anesthetist (CRNA).** A CRNA is an APRN who has completed a master’s or doctoral degree and board certification in the specialty of anesthesia. CRNAs practice in all settings in which anesthesia services are delivered including traditional hospital surgical suites and ambulatory surgical centers.

(3) **Nursing Consultant Roles.** Nursing consultants provide expertise and advice in a particular clinical or administrative area utilizing knowledge in their specialized field to provide assistance to other healthcare team members. The following are examples of the most common consultative roles:
(a) **Case Manager.** A nurse case manager is responsible for the coordination of care required by patients with chronic, catastrophic and complex high risk or high-cost healthcare, psychosocial, and environmental issues. There are many diverse case management roles and practices in place within VHA. Case management services are initiated by consultation from RNs and other healthcare team members. A nurse case manager assesses, advocates, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual’s and family’s health needs to promote quality, cost effective outcomes.

(b) **Educator.** A nurse educator facilitates the delivery of high quality, evidence-based patient care through the utilization of advanced educational preparation and specialized clinical expertise. Nurse educators facilitate the continuing education of nursing personnel and may also hold appointments as adjunct academic faculty.

(c) **Scientist.** A nurse scientist is a nurse with a research doctorate who, through a program of research, conducts basic, clinical, rehabilitation, or health services research leading to improvements in the healthcare of Patients.

### 6. ORGANIZATIONAL PRACTICE EXPECTATIONS

Nursing practice within the healthcare environment, requires attention to creating and maintaining supportive and collaborative approaches.

a. **Organizational Stewardship.** A main component of organizational stewardship is to understand the mission, vision, and values of the organization and to act accordingly within one’s elements of practice and position. VA nurses demonstrate commitment to patients, colleagues, supervisors and other stakeholders within and outside of the organization. VA nurses project a professional image of VA nursing.

Organizational stewardship incorporates the following elements of the High Performance Development Model (HPDM):

- providing safe, high quality Veteran care, including reporting any unsafe work practices;
- knowing and understanding the organizational systems that support excellence in Veteran care;
- taking initiative to seek and address improvements in how work is being done in the nursing work unit;
- being accountable for use of resources including time, supplies and equipment;
- accepting accountability for self and the development/improvement of the nursing work unit;
- building an atmosphere of trust by being trustworthy;
- developing leadership skills in the work unit and beyond;
- supporting lifelong learning for him/herself and colleagues;
- staying abreast of changes in nursing care practices, and demonstrating knowledge of changes in the VHA, the Medical Center, and work units.

b. **Data Management.** Data management is the documentation, acquisition, analysis
and use of data for strategic planning, decision-making, and the implementation of clinical improvements. It is the goal of the Office of Nursing Services to assure the integration of these components in nursing and healthcare-related workflow processes to the greatest extent possible. This requires a partnership with ONS, VISN and facility nursing leadership to ensure the following are present: (a) transformational goals for the development of informatics capacity and strategic initiatives, (b) cognitive support to have the right data available at the right time for decision making and the reuse of data once documented to avoid re-work, c) creating and using nationally standardized data where possible, and (d) nursing informatics resources dedicated to application and tools development and data service reports for the VA Nursing Outcomes Database (VANOD). See Appendix A for more information about Nurse Executive Dashboard.

c. **Systems Redesign.** VA nurses demonstrate leadership, participation and commitment by actively engaging in systems redesign initiatives that transform patient care at the clinical micro and macro-systems levels. Examples include modifying approaches to medication administration, communication during patient care handoffs, implementing interprofessional rounds, implementing innovative models of care, and reducing waste and inefficiency. More information about the VHA Systems Redesign process can be found at: https://srd.vssc.med.va.gov/Pages/default.aspx

d. **Reusable Medical Equipment (RME).** The oversight and management of facility level RME activities is the responsibility of each ADPCS/NE to assure compliance with all VHA policy, accreditation standards and principles of infection prevention and control and patient safety.

e. **Academic and Clinical Partnerships.** The education and training of health professions students is one of the four missions of the VA. In accordance with this mission, ONS fully supports the establishment of coordinated programs and activities at VA Medical Centers in partnership with affiliated local and national academic institutions. The Office of Academic Affiliations (OAA) supports nursing education training and programs including pre- and post-doctoral fellowships, the VA Nursing Academy, the Centers of Education in Primary Care Education, and nurse trainee stipends.

f. **Awards and Recognition.** Awards and recognition are essential to a healthy work environment for professional nursing practice. Recognition and rewards are key drivers to support and sustain the rapid pace of change and transformation needed to accomplish desired outcome. For more information see: http://vaww1.va.gov/vapubs/viewPublication.asp?Pub_ID=219&FType=2.

(1) **Professional nursing awards.** Professional nursing awards and activities such as Special Advancements for Performance (SAP) and Special Advancements for Achievement (SAA) are aligned with the peer review process. They are recommended by supervisory personnel and are reviewed with recommendations for approval or denial based on VHA Directive 5017 Part V. Additionally, Superior Performance Awards (SPA) are available to reward nurses for performance ratings. For more information see: http://vaww1.va.gov/vapubs/viewPublication.asp?Pub_ID=219&FType=2.
g. **Comprehensive Emergency Management.** The primary goal of the Comprehensive Emergency Management Program (CEMP) is to ensure the health and safety of patients, visitors and staff, and to provide for the continuity of care of VA patients and continuity of essential operations in the event of a disaster or emergency. All nurses are expected to be knowledgeable about their role in a disaster or emergency. Each VISN is expected to have at least one Nurse Executive enrolled in the Disaster Emergency Medical Personnel System (DEMPS). The competencies can be found at: [http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=281](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=281).

h. **Accreditation, Regulatory and Advisory Groups.** Accreditation and regulatory agencies affect the nursing practice environment. For example, policies and procedures are designed to comply with accrediting body standards, and nurses are expected to both know and adhere to the standards. Nurses are involved in the agencies’ formal assessments of organizational compliance during “tracer” activities, and through local efforts such as the facility’s Period Performance Review (PPR). Nurses are involved in quality improvement efforts to evaluate and improve compliance with accreditation and regulatory agencies. It is each nurse’s responsibility to be knowledgeable about and practice in activities that both ensure and measure compliance with accreditation and regulatory standards of practice.

i. **Succession Planning.** Succession planning ensures a well-prepared nursing workforce. Examples of existing programs in nursing to address succession planning are the following: residency programs, educational programs, Nurse Manager Academy, recruitment and retention initiatives, Nurse Executive Mentoring, and Let’s Get Certified Campaign.

7. **VHA NURSING**

The basic tenets of VHA nursing are aligned with the American Nurses Association (ANA) Standards of Practice and described in the VHA Nursing Qualification Standards. These tenets are evident in the collaborative manner in which patient-centered healthcare is delivered, and achieved through evidence-based practice, defined elements of practice, and professional development.

Nursing partners with patients to identify goals, and expectations. Nurses collaborate with the healthcare team to identify various pathways to achieve patient determined goals. This interdependent approach is applied to provide care that promotes and maintains health and wellness, facilitates positive adaptation to changes in health status, maximizes self-care and independent function, and supports end of life with dignity and comfort.

a. **ANA Standards of Practice.** The ANA Standards of Practice incorporate an approach to nursing care known as the nursing process. The nursing process is comprised of the following six components: assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. The nursing process includes all of the significant and critical actions taken to formulate an RN’s critical thinking and decision-making (ANA, 2010).

b. **VHA Nurse Qualification Standards.** The VHA Nurse Qualification Standards are a set of policies found in VA Handbooks & Directives that govern career actions related to VA RNs.
and LPN/LVNs. The Nursing Qualification Standards are a set of requirements that include the following: the VHA Dimensions of Nursing Practice, education, years of experience, and the criteria for consideration for advancement. These requirements are used to determine nursing actions for appointment, promotion, awards, and disciplinary action. The Nurse Professional Standards Board (NPSB) is the professional body that provides peer review of all professional, registered nursing personnel in the Title 38, 610 Series Code. The LPN/VN Standards Board is the professional body that provides peer review for LPN/VN.

(1) **Dimensions of Practice.** The VHA Dimensions of Nursing Practice apply to all RNs regardless of practice setting or role. These Dimensions of Nursing Practice are core competencies expected of every RN and include Practice, Collaboration, Professional Development and Scientific Inquiry. The Dimensions of Practice are supported by criteria that define the scope and complexity of the dimension. These can be found in VHA Handbook 5005, Part II, Appendix G6 at: [http://vaww1.va.gov/ohrm/Directives-Handbooks/Documents/5005.doc#AppIIG6](http://vaww1.va.gov/ohrm/Directives-Handbooks/Documents/5005.doc#AppIIG6)

(a) **The Dimension of Practice**

(*Dimension of Nursing Practice: The effective use of the nursing process to make practice decisions in an ethical manner in varied practice settings. Considers factors related to safety, effectiveness and cost in planning and delivering care.*)

1. **Criteria: Practice**

Nursing is an essential part and partner of the networking and leadership that provides the vision to enhance the collaborative process (Boswell & Cannon, 2005). The following have been identified as crucial ingredients for successful collaboration: autonomy, competence, collegiality, interaction and communication skills, and trust. All of these constructs are also
essential components of the nursing profession. Benefits that have been identified from collaborative practice include improved quality of care, increased access to care, decreased time to obtain care, and decreased costs (Sheehy & McCarthy, 1998).

These concepts are uniquely actualized through professional nursing practice exemplified by working with Patients and their family/caregivers as partners, in the assessment and execution of preventative healthcare skills and techniques, providing care across the care continuum. It is a shared responsibility of all involved to engage the Veteran in shared decision-making and the cooperative exchange of information, expertise and data to ensure smooth transitions and prevent that burden from being placed solely on the Veteran. The care coordination engaged in by professional nurses is Veteran advocacy in action, as well as a significant component of being a part of the healthcare team. It is strongly linked with care management, which is a systematic approach to linking Patients with needed services, resources and opportunities. This encompasses care across the continuum, and all points of care.

2. Criteria: Ethics

Ethics is a pivotal part of professional nursing practice, behavior and action. The profession of nursing protects Veteran rights and supports Veteran self-determination while being compassionate. The nurse also serves as an advocate for patients. The nurse promotes respect and dignity for patients, their families, and themselves.

VA Nurses are responsible and accountable for their individual practice and their contributions to the profession of nursing. They are responsible for contributing to and maintaining a positive work environment. VA nurses are also expected to be leaders in all aspects of ethical practice in the organization, including participation on ethics committees, and proactively seeking to identify and resolve ethical issues. Our philosophy reflects our ethical considerations inclusive of service, safety, ethics, respect, Veteran-driven care, integrity, compassion, and excellence. Please refer to the ANA Code of Ethics for Nurses for more information: http://nursingworld.org/ethics/code/protected_nwcoe813.htm.

3. Criteria: Resource Utilization
Resource Utilization is the degree to which the RN demonstrates their ability to efficiently utilize human, fiscal, material or information resources. Resource Management allows organizations to analyze, monitor and anticipate the utilization and performance of the nursing infrastructure by providing an enterprise wide view of services and resources. This will ensures delivery of services and resources in an efficient, cost-effective manner while demonstrating measurable value to the organization. Each Nurse contributes to this endeavor through continuous performance improvement strategies with respect to safety, effectiveness and cost in planning and delivering care.

VA Nurses are responsible to provide patient-centered care based on patient needs in a safe, efficient and cost-effective manner. They assign or delegate care based on complexity of tasks and predictability of outcomes. The Nurse must demonstrate leadership in safe work practices in respect to safety standards, use of personal protective equipment and safety equipment. The RN explores alternative solutions to problems and selects the most appropriate efficient and effective approach. In addition the nurse promotes activities that assist others with the application of confidentiality standards such as the Health Insurance Portability and Accountability Act (HIPAA) and technology security.

(b) The Dimension of Collaboration

(Dimension of Nursing Practice: Collaboration – Creates an atmosphere in which nurses collaborate and build professional relationships with patients, families and colleagues in the interprofessional team. Provides opportunities for nurses to share knowledge through coaching and mentoring and contributing to the professional development of others.)

1. Criteria: Collaboration

Collaboration is by definition, the ability to work together, especially in a joint intellectual effort (Health Resources and Services Administration, 2006).

Positive caring relationships between Patient/resident and the nursing staff who care for them are viewed as essential to successful collaboration that produces excellent outcomes for Patient/resident and team members. Patient/resident assessment and collaboration with the Veteran and their family, as the Veteran defines family, are central to this process. Tools to achieve these goals include technology, neighborhood resources and collaboration with other members of the healthcare team, and community on behalf of the Veteran. Nursing shares the responsibility to work collaboratively with all members of the healthcare team inclusive of Veteran and stakeholders in healthcare outcomes. The need to collaborate and to consistently
work toward achieving care coordination are part of the overarching value system and patient care objectives of the nursing profession.

Collaboration is one of the essential ingredients needed for successful implementation of any healthcare program (Lindeke and Sieckert, 2005). The necessity of the healthcare team to work jointly to provide quality, cost effective, and efficient care to Patient/resident is well documented. The need for partnerships between healthcare professionals continue to increase as new healthcare needs, trends, and issues arise. Nurses provide a vital link for these partnerships.

The following have been identified as crucial ingredients for successful collaboration: autonomy, competence, collegiality, interaction and communication skills, and trust. All of these constructs are also essential components of the nursing profession. Benefits that have been identified from collaborative practice include improved quality of care, increased access to care, decreased time to obtain care, and decreased costs (Sheehy & McCarthy, 1998).

2. **Criteria: Collegiality**

Collegiality is the expression of respecting the abilities of all colleagues working toward a common goal. In VHA Nursing our common goal is patient centered care and the delivery of quality care. VHA expects nurses to interact with colleagues through demonstrating effective communication and interpersonal skills to enhance patient care delivery. Nurses share their knowledge and skills with peers through activities such as patient conferences, presentations, mentoring, precepting and formal teaching. In addition nurses provide feedback to colleagues and peers regarding practice and role performance. Contributions to the environment in which application of new knowledge and acquired skills can be applied in learning environment are expected. Nurses must contribute to and be supportive of a healthy work environment in which colleagues and peers can perform at the optimal levels.

(c) **The Dimension of Scientific Inquiry**

(*Dimension of Nursing Practice: Scientific Inquiry – The extent to which the RN systematically evaluates and improves the quality and effectiveness of nursing practice and health care delivery based on research.*)
1. **Criteria: Quality of Care**

Quality of Care is the involvement of the nurse to initiate or participate in quality improvement activities that result in improved patient outcomes. RNs must systematically evaluate and enhance the quality and effectiveness of their own nursing practice as well as the practice of others. In addition they must demonstrate quality outcomes through documentation. The application of innovation and creativity is encouraged to improve care delivery. The application of new and scholarly knowledge should be applied to improve the delivery of evidence based care. The application of the nursing process to assess and analyze problems and develop strategies to change work group practices based on findings is essential for results that improve processes or outcomes.

2. **Criteria: Research**

Research is an integral part of the mission of VHA. Within an interprofessional context, VA nursing research focuses on identifying, testing and/or implementing interventions that enhance health, prevent disease and improve the process of care for patient/resident.

The VA nursing research agenda includes:
- Maximizing the physical, mental, and social functioning of patients and improving their quality of life
- Improving patient safety and health outcomes through nursing practice
- Evaluating patient care delivery models and nursing systems of care
- Evaluating models for translation/implementation of evidence-based practice.

Nursing research can involve all nurses and will be led by a doctorally prepared nurse with a research doctorate. A Nurse Researcher/Scientist, working within VHA, provides leadership to develop evidence and new knowledge that supports patient-centered, culturally congruent, cost-effective and outcome-driven care for Patient/resident. Nurses contribute to advancing nursing research by implementing the best available evidence, learning more about the research process, actively participating in local nursing research councils, and becoming a member of a research team. Anticipated outcomes of nursing research include improving care, discovering and testing innovative solutions, improving processes, contributing to American Nurses Credentialing Center (ANCC) Magnet® recognition, and facilitating communication and research activities with stakeholders (ANCC 2011).

(d) **The Dimension of Professional Development**
1. **Criteria: Performance**

Performance is demonstrated through self-direction in evaluating progress to professional care goals. In addition performance is evidenced by the practice of using professional standards, relevant statues and regulations to evaluate ones practice and the practice of others. Nurses must take action to improve their performance and the performance of others. Nurses will participate in the formal evaluation processes with their supervisor identifying areas of competence and knowledge deficits. Nurses will also evaluate the practice of self and others against professional standards of practice and relevant regulations such at The Joint Commission, Occupational Safety & Health Administration (OSHA), Commission on Accreditation of Rehabilitation Facilities (CARF) and ANA and take action to improve compliance. Nurses will contribute to the development of policies, procedures and standards at all levels within the organization. Nurses will provide leadership in adherence to organizational policies, procedures and standards.

2. **Criteria: Education/Career Development**

The VA supports educational advancement for all nursing staff. The increasing complexity of technology, medical therapies and treatments, and chronic health conditions (in all age groups) underscores the need for VA nursing staff to be highly educated. A highly educated workforce will be better prepared to (a) accommodate new models of care delivery; (b) coordinate the care of individuals with complex health problems across the continuum of healthcare settings; and (c) to teach and mentor future nurses. In addition, increased education and advanced degrees will prepare nurses to develop process improvements that address safety and quality issues and navigate multiple systems of care and other challenges in the healthcare delivery system. See Appendix D for specific training and education program opportunities for VA Nursing.
c. **VHA Career Development.** Nurses practice in diverse positions. The Office of Nursing Services identifies these positions through the career paths described in the RN Qualification Standards. These paths help to distinguish and recognize nurses in the various positions in which they practice. The paths also assist nurses to develop their skills that enhance the quality of care provided to patients, and support promotional opportunities, career goals, and succession planning.

(1) **RN Career Paths.** There are four career paths for Registered Nurses (RN): Clinical, Advanced Practice, Supervisory, and Consultant. Within each path, there are nursing grades and levels for nurses to achieve. There are 3 grades (Nurse I-III) to the promotional system and the first grade has 3 levels. Nurse IV and V are restricted to designated positions meeting a high level of complexity criteria within each path, there are required qualification standards that include education, years of experience, and the Dimensions of Nursing Practice. The qualification standards are the same in all four career paths. Refer to VA Handbook 5005, Part II, Appendix G6, Nurse Qualification Standards.

VA nurses may seamlessly move between the four career paths as they transition to different roles throughout their VA career. The RN promotional system is based on evidence of demonstrated practice, level of academic education and years of experience.

(2) **LPN/VN Grades.** The Licensed Practical or Licensed Vocational Nurses (LPN/VN) promotional system consists of five grades (GS 3, 4, 5, 6, and 7). The LPN/VN grades have corresponding qualification standards that include education, years of experience and performance criteria. Full performance level for LPNs/VNs is the GS-6 level. The requirement for LPN/VN GS-7 level is directly related to requirement for limited supervision and expanded delegation of authority. LPN/VN practice at the GS-7 level requires high level technical judgment, leadership and comprehensive knowledge of the most complex practices and procedures, and may include supervision of other LPN/LVNs and nursing assistants. LPNs/LVNs in selected positions may be appointed at or advanced to the GS-7 grade level when the facility leadership has determined that there is a need for an LPN/VN GS-7 position. (VHA Handbook 5005, Part II Appendix G13)

[Note: Qualification standards under development for Nursing Assistants] (2011)

(3) **Leadership Development.** A wide variety of programs have been developed to prepare, advance, support and sustain leadership excellence in nursing and prepare nurse leaders as life-long leaders. Leadership is a necessary requisite to continuously advance nursing in order to deliver excellent Veteran care with optimal outcomes. In addition to expert clinical skills, nurse leaders are expected to acquire advanced competencies in organizational and technical knowledge, business acumen, and transformational leadership that include shared decision-making and shared governance. See Appendix C for a listing of VHA leadership development programs for nursing.
8. INDIVIDUAL PRACTICE EXPECTATIONS

Nursing staff must practice to the full extent of their education, licensure, and training in every setting across the VA system. It is expected that nursing staff are actively engaged in identifying their learning needs, and assist in the formulation of their individual development plan. Professional and personal development is necessary to maintain, enhance, and advance nursing practice. This helps guide the individual nurse and serves to maintain excellent Veteran care. Conformance with practice expectations is a basis for succession planning and for recognizing and validating employee performance.

a. Licensure/Certification. All Advanced Practice Registered Nurses (APRNs), Registered Nurses (RNs) and Licensed Practical or Vocational Nurses (LPNs/LVNs) employed by the VA are required to have a current, active and unrestricted license from any state, commonwealth, territory, or the District of Columbia in the United States of America. There is no requirement that a VA nurse be licensed in the State of practice; therefore, a VA nurse may practice at any VA facility, regardless of its location or his or her State of licensure.

   (1) Individuals in positions requiring licensure must comply with State licensure or registration requirements for the purposes of practicing nursing under 38 U.S.C. § 7402. These requirements include education, licensing examination, and application for licensure. Some states have continuing education requirements to maintain licensure. It is the individual nurse’s responsibility to maintain his/her license and individuals are referred to their individual State Board of Nursing for specific questions or issues related to a State licensing requirements.

   (2) APRNs are required to attain and maintain board certification by a VA approved accrediting body, in their area of assigned practice (i.e. adult general practice, oncology, geriatrics, etc.). When APRNs change practice specialties, they are required to either have or obtain certification appropriate to the new practice setting.

   (3) CNLs are required to attain and maintain certification as a CLN by a VA approved accrediting body. The VA requires evidence of certification for these roles as a condition of employment. These certifications are not eligible for certification awards per VA Handbook 5017, Part V.

   (4) Professional Board certification is encouraged for all categories of nursing staff. The VHA Office of Nursing Service strongly endorses national certification as a means of validating expertise. Initial and subsequent certification can be recognized for awards based on local facility policy in compliance with VHA Handbook 5017, Part V. Specialty certifications which meet the specific criteria for VHA recognition are published on the approved specialty certification list located at http://vaww1.va.gov/nursing/certcampaign.asp.


   (1) Licensure requirements for the employment of VA nursing and health care providers are established by Federal law, not State law.

   (2) Under the Supremacy Clause of the U.S. Constitution, VA has the authority to
establish qualifications for, and regulate the professional conduct of, its health care practitioners. Accordingly, VA may determine the elements of practice of its nurses, without regard to individual State Practice Acts, for clinical nursing practice other than the prescribing of controlled substances. Qualifications for employment and elements of practice are guided by the Dimensions of Practice outlined in the Nursing Qualifications Standards.

c. **Elements of Practice:** Elements of practice encompass all of the components, actions, and activities (procedures, treatments, assessments, etc.) that characterize a specific professional’s realm of practice. VA has the authority to define elements of practice for all VA nursing roles including APRNs, RNs, LPN/VNs and UAPs without regard to State Nurse Practice Acts or State based regulations.

VA nursing elements of practice may be modified but not beyond national guidance, by the local clinical executive review body in order to meet the needs of the patient population served by the medical center. Local elements of practice for VA nursing staff are developed in the context of interdisciplinary team-based care to specify actions and activities that account for patient care needs, and staff education, training and expertise.

Nursing elements of practice for VA are reflected in functional statements and VA Directives and Handbooks. All Title 38 employees and Hybrid Title 38 employees have functional statements. The Associate Director for Patient Care Services / Chief Nurse Executive is responsible to determine the elements of practice and thus is accountable for the provision of nursing care to patients across all venues.

1. **(UAP) Practice.** UAP’s work under the direction and authority of LPN/VNs, RNs and APRN’s or other licensed professionals who may delegate tasks that are within the UAP’s elements of practice.

2. **(LPN/VN) Practice.** LPN/VN care is directed by an RN, APRN, physician or dentist. The LPN/VN collects data via physical examination and direct observation that contributes to the assessment of patients. The LPN/VN is responsible for engagement in planning, implementation and evaluation of patient care. Patient care elements may be delegated to LPNs/LVNs based on their training, skills, and competencies and defined in their elements of practice.

3. **RN Practice.** RNs are academically prepared to assist patients to attain or maintain optimal health; implement a strategy of care to accomplish defined goals within the context of patient centered care; and evaluate responses to nursing and medical care and treatment. Nursing interventions may be delegated to implement and evaluate the plan of care (NCSBN, 2011).

4. **APRN Practice.** APRNs practice as independent providers without regard to State Practice Acts under a set of approved privileges. Advanced practice nursing education provides the foundation for APRN core privileges. Core privileges as defined by the profession are those sets of clinical practice, procedures or interventions that all APRNs are qualified to perform based on their educational background and training. APRN core privileges may include but are not limited to the following:
History and physical examination;
assessment, diagnosis and management of common health problems;
ordering and interpreting of diagnostic studies including radiology and laboratory studies;
prescriptive authority for medications (per VHA Directive 2008-049);
referrals and consultation;
the development of a comprehensive plan of care; and
admission and discharge orders, patient rounds, and documentation in progress notes and discharge summaries.

(a) Credentialing and Privileging. APRN competence is assessed and regulated by professional organizations to include, but not limited to, the facility where practicing. Under the Federal Supremacy Clause, the VA has established guidance on a set of core privileges for APRN practice. Additional privileges for clinical practice will be considered based on the mission of the facility, the resources available for providing care with the requested privileges, and evidence of competency in accordance with the local VA Professional Staff Bylaws. While clinical experience in various settings, continuing education, formal course work and developments in healthcare all impact individual practitioner privileges, there are finite limits to the expansion of additional privileges without completing additional formal education, proctorships, or periods of supervision in order to demonstrate competency. [Note: Full implementation including addressing in local professional staff bylaws if required, to be completed no later than one year from publication date of the Handbook.]

(b) Prescriptive Authority. APRNs may prescribe certain non-controlled substances (See VHA Directive 2008-049). With respect to controlled substance prescribing, the Federal Statute, the Controlled Substances Act (CSA), and Drug Enforcement Administration (DEA) regulations require the practitioner to possess a license that authorizes them to prescribe controlled substances and to be registered or exempt from registration. Some States place requirements on APRNs to have individual DEA registration or a collaborating physician licensed in the same State, in order to be authorized to prescribe controlled substances. Thus, if an APRN’s State of licensure requires the collaborating physician to be licensed in the same State, or requires the APRN to have individual DEA registration and/or a State Control of Dangerous Substances (CDS) registration, then the APRN may not have controlled substance prescribing authority within VA unless these requirements are met.

(c) The Consensus Model for APRN Regulation. The APRN Model of Regulation includes the elements of Licensure, Accreditation, Certification & Education (LACE) and are defined as follows:
1. Licensure is the granting of authority to practice.

2. Accreditation is the formal review and approval by a recognized agency of educational degree or certification programs in nursing or nursing-related programs.

3. Certification is the formal recognition of the knowledge, skills, and experience demonstrated by the achievement of standards identified by the profession.
4. Education is the formal preparation of APRNs in graduate degree-granting or postgraduate certificate programs. APRNs will be educated in one of the four recognized roles including certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP); and in at least one of the six population foci: family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women’s health/gender-related, or psych/mental health (IOM, 2011).

d. **Utilization of Protocols.** Under the authority of Federal Supremacy, VA nursing staff may utilize protocols in the delivery of patient care. All protocols utilized by nursing personnel must be developed and approved in accordance with national guidelines, and initiated by a licensed clinician.

e. **Informed Consent** The process of informed consent in health care is based on a patient’s right for self-determination or autonomy, a right based on the value of respect for human dignity. Each nurse has an obligation to be knowledgeable about the moral and legal rights of all patients for self-determination.

(1) Patients have the right to determine what will be done with their own person that includes the acceptance or refusal of any clinical treatment or procedure being recommended to them.

(2) Patients have the right to: be given accurate, complete, and understandable information in a manner that:

- (a) facilitates their informed judgment;
- (b) be assisted with weighing the benefits, burdens, and available options in their treatment, including the choice of no treatment;
- (c) accept, refuse, or terminate treatment without deceit, undue influence, duress coercion, or penalty; and
- (d) be given necessary support throughout the decision-making and treatment process. Such support would include the opportunity to make decisions with family and significant others and the provision of advice and support from knowledgeable nurses and other health professionals. Patients should be involved in planning their own health care to the extent they are able to and choose to participate (ANA Code of Ethics for Nurses with Interpretive Statements, 2001).

(3) APRN’s have the authority to obtain informed consent for treatments and procedures for which they are trained and have authorized privileges to perform. In conjunction with this authority, APRNs must inform the patient of the risks, benefits, and outcomes of healthcare regimens.
(4) RNs have the authority to obtain informed oral consent for the following tests: HIV, Hepatitis C, Hepatitis B, Methicillin-Resistant Staphylococcus Aureus (MRSA), sexually-transmitted diseases, and inheritable genetic abnormalities. RNs have the authority to obtain informed written consent prior to the insertion of peripherally inserted central catheter (PICC) lines. RNs must obtain specific consent and follow the informed consent process per VHA Handbook 1004.01-Informed Consent for Clinical Treatments and Procedures.

i. **Professional Practice Evaluation Components.** Evaluation of professional practice is an ongoing process that utilizes a variety of methods. Each nurse is responsible for collecting and submitting information on their professional performance. The following represent some of the methods used for evaluation.

(1) **Nurse Professional Standards Board (NPSB).** The NPSB is a peer review process which includes a board of peers that is responsible for reviewing individuals for appointment, retention and advancement based on the Nurse Qualification Standards found in VHA Handbook 5005, Part II, Appendix G6. The NPSB makes a recommendation for appointment or advancement after a thorough review of the Nursing Dimensions of Practice; years of experience and level of education. The Dimensions of Nursing Practice are described in Handbook 5005, Part II, Appendix G6 and are: Practice, Professional Development, Collaboration, and Scientific Inquiry. Upon request, the NPSB evaluates nurses for cash awards and special advancements based on criteria outlined in VHA Handbook 5017, Part V, and local facility policy. The NPSB also conducts Summary Review Boards for removal of probationary RNs upon request.

(2) **Functional Statement.** Functional statements are the documents used for Title 38 and Hybrid Title 38 employees which describe expectations of the job performance/duties and may describe the role of nursing within the context of a specific unit or area, or be coupled with a competency list that describes unit specific requirements.

(3) **Competencies** Reflective of elements of practice and established standards of care for nursing, competency is comprised of knowledge, skills and abilities to meet defined expectations. Founded on evidenced-based practice, competencies also embody the complexity and unique characteristics of individual nursing roles in their specific practice setting(s) and reflect the characteristics of the population served. This may include initial competencies for new staff or specific competencies for a patient’s unique needs.

(a) Evidence or validation of competency is determined by a variety of methods, including certification exams, exemplars, return demonstrations, chart review and other reviews of care, self-assessment, case studies, and discussion/reflection groups. Competency evaluation may be performed by the Clinical Nurse Leader, nurse/unit manager, nurse educator, preceptor and other appropriate personnel. Facilities must maintain evidence of competency validation and supporting documents.

(b) Nursing competencies must be validated and documented:

1. Upon hire within 90-days of entry into the position
2. Upon transfer to another position or setting within 90-days of entry into the position
3. Upon implementation of new and/or modified procedures or equipment
4. High volume, high risk, problem prone, and new, unusual or non-routine processes or procedures.

(c) Nurses participate in continuing education as part of the competency requirement. The expectation is that all nursing staff demonstrate competent performance for identified mandatory competencies. Nursing staff should refer to their nurse manager or unit manager for more information on these requirements.

(d) All nursing staff are encouraged to seek knowledge and experience that broadens their practice in order to deliver the full range of patient care required by their practice settings and the needs of the patients.

(4) Peer Review. Peer review of an individual’s clinical practice is both an organizational function and a professional responsibility to contribute to improving the quality of care and appropriate utilization of health care resources. All nurses should be knowledgeable of and actively engaged in the peer review process.

(a) Protected Peer Review. Protected peer review for quality improvement purposes should be an integral part of an effective nursing professional practice evaluation. In addition, nurses will participate on multi-disciplinary peer review committees. While feedback from protected peer review provides an opportunity for the nurse to improve his or her individual practice, peer review also provides a mechanism to identify and implement practice or process improvement strategies. Refer to the VHA Directive 2010-025 “Peer Review For Quality Management” for further guidance.

(b) Non-protected Peer Review. Non-protected peer reviews may be used to evaluate professional practice. Refer to VHA Handbook 1100. 19 “Credentialing And Privileging.” Examples include Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE).

1. OPPE: Ongoing monitoring includes activities such as direct observation, clinical discussions, and documented clinical pertinence reviews. Information and data considered must be practitioner or provider specific, and could become part of the practitioner’s provider profile analyzed in the facility’s on-going monitoring.

2. FPPE: Occurs at the time of initial appointment and prior to granting new or additional privileges. FPPE may also be used when a question arises regarding a currently privileged practitioner or provider’s ability to provide safe, high-quality patient care.

(5) Annual / Periodic Performance Appraisal. Nursing staff receive a performance appraisal on an annual basis whether through the proficiency rating system, the Executive Career Field (ECF) rating system, or the five-tier performance rating system. Promotion and advancement consideration for all nursing personnel is conducted on an annual or periodic basis until the employee reaches full performance level. The proficiency rating system serves two purposes: to provide feedback to the employee on their performance based on their current grade
level, and to provide the employee and the peer review bodies with evidence that the nurse is working above their current grade level and to determine if the evidence meets the qualification standards for promotion to the next grade.

(a) The ECF appraisal system will include an evaluation of performance based on performance measures and self-evaluation. The ECF appraisal system applies to all Nurse IV and V positions, all supervisory nurses (including off tour supervisors) Nurse Managers and Assistant Nurse Managers. The ECF performance rating period is on a fiscal year cycle from October 1 to September 30. The ECF plan is distributed through the VISN Directors to the Medical Center Directors and from the ONS to the Chief Nurse Executive. The Nursing ECF plan is built on the Chief Nursing Officer plan and the Medical Center Directors plan and should be tailored to describe the expectations appropriate for the care setting and the nursing level. Nurses on an ECF plan are responsible to provide a self evaluation at the end of the reporting period that speaks to the elements in the agreed plan as well as the high performance development model and the Nursing Dimensions of Practice at the appropriate grade.

(b) Title 5 and Hybrid Title 38 performance appraisals are a five-tier performance appraisal system similar to the ECF rating system. In supporting a results-based and customer-oriented environment, performance appraisals provide an ideal mechanism for communicating and clarifying organizational goals to employees and linking individual appraisal and performance to achievement of organizational goals. A decentralized, flexible appraisal system is used to improve individual and organizational performance and improve and enhance the quality of service delivered to patients and their families.

(c) VA's appraisal system supports achievement of organizational goals. Managers and employees, at all levels, must be held accountable for achieving desired outcomes. The success of this system and each organization's performance appraisal program established under it will be judged by the extent to which they: link employee performance to the achievement of VA's organizational goals and objectives; ensure the inclusion of customer service goals and standards in all individual performance appraisal plans; provide for the continued performance improvement of the organization and its employees and assistance to employees in improving unacceptable performance; recognize and reward organizational/team and individual performance accomplishments processes through systematic and periodic evaluations; and continuously improve the performance appraisal, feedback, and recognition policies and processes through systematic and periodic evaluations.

(d) Nursing staff input is essential to the performance appraisal process. Input should be written whenever possible. This process ensures a partnership between staff and management and enhances the professional growth of the nurse. [Note: Input from nursing is essential for all Title 38 and Hybrid Title 38 nurses to assure the employee is working within the elements of their practice or privileges and at their grade.]

(e) Rating periods will be the one year period beginning on the anniversary date of the level/grade (or one year from the date of advancement to a higher level/grade for nurses at Nurse I Level 1 through Nurse III. Hybrid Title 38 and Title 5 employees are rated on a fiscal year basis. Ratings must be completed timely and in accordance with VA Handbook 5013.
j. **Patient Health Record Documentation.** All nursing staff have the responsibility to complete accurate and timely documentation of observations, interventions and outcomes of patient care. Patient documentation principles for RNs are based on the ANA Standards of Professional Nursing Practice. As such, RNs are expected to document the following:

(1.) **Assessments.** Collect comprehensive patient information that is significant and relevant to the patient’s biological, psychological and social situation. The documentation of this information must be prioritized based on the immediate needs of the patient, easily retrievable, and adhere to ethical, legal and privacy guidelines. Every patient health record must contain a complete and thorough nursing assessment conducted at the initial entry point of care and updated at each subsequent VA healthcare setting in which the patient receives care. The assessment will address all biological, psychological and social functional systems of the patient.

(2.) **Clinical Impressions.** Formulate and document their clinical impressions based on the patient assessment and ongoing status in such a way that contributes to the determination and identification of a plan of care.

(3.) **Plan of Care.** Formulate and document a plan of care that uses standardized language or recognized terminology and that reflect the best available evidence and clinical knowledge. The plan of care will address all biological, psychological and social needs including education, health promotion, care coordination, consultation and discharge planning as applicable.

(4.) **Implementation.** Document pertinent nursing actions associated with the plan of care and any modifications to the care. Patient record entries should be documented at the time the treatment or evaluation of the treatment is rendered.

(5.) **Evaluation.** Document pertinent patient observations related to the patient’s status and progress to include expected and unexpected outcomes from the clinical impression and response to the plan of care (ANA, 2010).

k. **Documentation in the Computerized Patient Record System (CPRS).** The primary purpose of the Computerized Patient Record System (CPRS) is the documentation of the care of the patient.

(1.) Each VAMC determines by policy, the specific nursing requirements for documentation that complies with all applicable accreditation, regulatory and professional practice standards for APRNs, RNs, LPNs/VNs, and Unlicensed Assistive Personnel including: Staff who are authorized to document in the record; the frequency of the nursing documentation; and the procedures to correct or amend patient information.

(2.) Additional guidance for all other general patient documentation principles including privacy, confidentiality, and information security; and health record maintenance can be found in VHA Handbook 1907.01 Health Information Management and Health Record at: http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1469
9. DEFINITIONS

a. **Awards:** A generic reference to the entire range of rewards available to recognize an employee under VA’s Employee Recognition and Awards Program including cash, non-monetary, honorary and time off awards.

b. **Federal Code of Regulations.** The Code of Federal Regulations (CFR) is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government. The ones most pertinent to APRNs are; Title 21: Food and Drugs and Title 42: Public Health available at: http://www.veteransptsdclassaction.org/pdf/CodeofFederalRegulationsTitle38.pdf

c. **Nurse Practice Act:** A statute enacted by the legislature of each state or by the appropriate officers of the districts or possessions. The act delineates the legal scope of practice of nursing within the geographic boundaries of the jurisdiction. Designed to protect the public from harm, the Nurse Practice Act defines the formal education needed for each level of nurse and sets the regulations for licensure.

d. **Professional Practice Evaluation (PPE):** the evaluation of professional practice is accomplished in two ways: Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE).

   (1.) **OPPE:** the ongoing monitoring of privileged practitioners and providers to confirm the quality of care delivered and ensure patient safety.

   (2.) **FPPE:** an evaluation of privilege-specific competence of a practitioner or provider who does not have current documented evidence of competently performing requested privileges.

10. REFERENCES


APPENDICES

APPENDIX A. Nurse Executive Data Sources:

1. **Performance Measures (Health System Indicators):**
   - a. Executive Career Field (ECF) Measures
   - b. Non-ECF Accountability Measures
     - (1) ORYX measures
     - (2) HEDIS measures
   - c. Quality Indicators with Benchmarks
   - d. Quality Indicators
   - e. Pilot Indicators
   - f. Aspirational metrics (ASPIRE)

2. **Performance Monitors:**
   - a. Metrics
   - b. Supporting Indicators
   - c. National Performance Reviews (NPR)

For more information about quality improvement measures and monitors, go to the VHA Office of Quality and Performance website at: [http://vaww.oqp.med.va.gov/default.aspx](http://vaww.oqp.med.va.gov/default.aspx)

3. **Local Facility and VISN Specific Measurement:**
   - a. Inpatient Evaluation Center (IPEC). The primary IPEC webpage is: [http://vaww1.va.gov/IPEC/index.asp](http://vaww1.va.gov/IPEC/index.asp). Access to specific medical center and unit level data is restricted and must be granted with the approval of the VISN CMO or QMO. Data input also requires special permission. Instructions for requesting permission are found on the IPEC webpage;

   b. National Quality Forum (NQF): Promotes change through development and implementation of a national strategy for health care The Measure Applications Partnership (MAP) has been established to provide multi-stakeholder input to the Department of Health and Human Services on the selection of performance measures for public reporting and payment reform programs. For more information see: [www.qualityforum.org](http://www.qualityforum.org)

   c. VANOD. The VA Nursing Outcomes Database (VANOD) vision is to provide nursing stakeholders with the data needed to manage nursing resources and patient care. The business rules include capture of data from existing data sources or as a byproduct of nursing documentation. Administrative, Clinical, and Satisfaction data are available, and may be viewed at the national, VISN, and facility levels. Data may be drilled down to varying levels dependent on the data source, including nursing skill mix, nursing roles by Cost Center and T & L or unit level
(1) Administrative Data related to nursing staff found in VANOD include:

(a) Demographic information such as skill mix (RN, LPN, Unlicensed Assistive Personal), age, gender, employee count and FTEE, retirement eligibility, nursing roles, years of services, and highest level of education achieved;

(b) Financial Information from Payroll, including costs and hours, such as Productive vs non-Productive hours; overtime vs sick leave, annual leave, etc. Nurse Executive Dashboard which includes current snapshot views of key financial, demographic, cost center, injury and clinical data. Nursing Hours per Patient Day – provides data from the Decision Support Service cube (DSS) for nursing costs and hours. VANOD has collaborated with DSS to calculate NHPPD according to ward day of care, which is the most precise for time each patient spends in the nursing ward;

(c) Nurse Staff Injuries reported to include types of injuries, location of injuries, day of week and time of day of injuries, and trends of injury types, combined with demographic information listed above;

(d) Nursing Staff Turnover such as data obtained from the HR Nature of Action Cube, providing numbers of quit vs loss rates, viewable by month and in trend reports. Data are currently available at the facility level, but new reports are in production for unit level data by skill mix, nursing role, and reason for leaving; and

(e) Workflow such as Patient Admissions, Discharges and Transfers (ADT) by nursing unit, facility, VISN, and national views. Includes patient turnover percent, as well as average length of stay and average daily census.

(2) Clinical Information

(a) Skin Risk indicators include key nursing assessment, process, and outcomes measures, ranging from screening for risk of breakdown to patients at risk on admission, to hospital acquired pressure ulcers; and

(b) Managing Scanning Failures for Bar Code Medication Administration provides a proxy for medication administration workload, including medication scanning attempts and the reasons not scanned.

(3) Satisfaction

(a) RN Satisfaction Survey – Practice Environment Survey of the Nursing Work Index (PES/NWI), annual survey;

(b) All Employee Survey – provides information from a nursing subset of all nursing skill mixes within the All Employee Survey, including national, VISN, and facility data for each of the 3 job satisfaction, organizational and culture scales; and

(c) Patient Satisfaction for nursing relevant questions by nursing unit (in development).
(3) Summary Reports

(a) Annual Summary reports provide a VHA-level summary of nursing demographic, workload, and clinical outcomes data by fiscal year.

For more information about VANOD, go to Sharepoint site: http://vaww.vha.vaco.portal.va.gov/sites/ONS/Nursing%20Informatics/VANOD%20Site%20Coordinators/default.aspx

4. Additional VA websites data sources:

a. Allocation Resource Center http://vaww.arc.med.va.gov/
b. Decision Support System http://vaww.dss.med.va.gov/
d. VISN Support Service Center http://vssc.med.va.gov/
e. Centers for Medicare and Medicaid Services (CMS) http://www.cms.hhs.gov/
f. The Joint Commission http://www.jointcommission.org/
APPENDIX B: AWARDS AND RECOGNITIONS

Awards may be given at the national, VISN, or local level. Examples and references of some awards in each category are listed below. Awards at the local or facility level follow national guidelines and are unique to each facility.

1. **Local Level**: Source: Incentive Awards Program
   
   [http://vaww1.va.gov/ohrm/directives-handbooks/direct_hand.htm](http://vaww1.va.gov/ohrm/directives-handbooks/direct_hand.htm) (5017-1)

   Employee Recognition and Awards.

2. **Cash and Honor Awards for Registered Nurses and Nurse Anesthetists**
   This award recognizes nurses by providing cash awards to registered nurses and nurse anesthetists who have demonstrated one of the following:
   
   (1) **Specialty certification**.

   (2) **Exemplary job performance and exemplary job achievement**.

b. **Other Awards** - For RN, CRNA, LPN/VN, and NAs.

   (1) **Special contribution award** – Intended to recognize employees for sustained performance beyond normal job requirements. The amount of the award will be based on the value of the contribution to the organization. All employees are eligible.

   (2) **Spot Cash Awards** – Intended to recognize employees who make contributions that benefit the organization and are outside the scope of their normal day-to-day job assignment for one-time, short-term efforts. All employees are eligible to receive Spot Cash Awards. Spot Cash Awards are limited to $75.

   (3) **Time-Off Awards** - Excused absence to employees without charge to leave of loss of pay. All employees are eligible to receive a Time-Off Award.

   (4) **Honor and Non-Monetary Awards** - May be given as a means of showing employees that exceptionally good work is appreciated. They may be granted independently or in conjunction with monetary awards. Examples of honor awards are: Certificates of Commendation; service pins for longevity, and service award certificate for 25 years of service.

   (5) **Productivity and or Gainsharing** – These are awards that are paid out on a regular recurring basis in recognition of exceeding predetermined levels of productivity during the payout period. Individuals, employees, groups, or teams are eligible.

   (6) **Safety Awards** - Intended to encourage supervisors and managers to recognize employees who make positive contributions and or initiate positive endeavors in promoting safety. This award may be granted to employees who provide continuous positive support for safety initiatives above that which is normally expected.
2. National Level:

   a. Secretary Level Awards:

      (1) **The Secretary’s Award for Excellence in Nursing.** The VA Secretary’s Award in Nursing Excellence program, established in 1984, annually honors one Medical Center Director, Nurse Executive, Registered Nurse in a staff nurse role and one in a non-staff nurse role, i.e. advanced practice nurse, nurse manager, instructor, etc., a Licensed Practical Nurse /Licensed Vocational Nurse, and a Nursing Assistant actively engaged in the care of patients at a VA Medical Center. The recipients' contributions to the care of patients in any VA health care setting are patient-driven and demonstrate such excellence as to merit recognition from peers. This award is given only once to an individual. The Secretary's Awards consists of three major areas: (a) Excellence in Nursing, (b) Advancement of Nursing Programs by a Medical Center or Health Care System Director, and (c) Advancement of Nursing Programs by a Medical Center or Health Care System Nurse Executive. For more information see: [http://vaww1.va.gov/vhapublications/ViewPublication.as?pub_ID=1507](http://vaww1.va.gov/vhapublications/ViewPublication.as?pub_ID=1507).

      (2) **Secretary’s Hands and Heart Award**
      Any employee may nominate a full-time VA employee whose duties involve direct patient care. Full-time VA employees include doctors, dentists, RNs, LPNs, therapists, social workers, and all other employees of the direct patient care team. The nominee should exhibit characteristics that best exemplify the finest in direct patient care at a VAMC during the previous year. The nominee should also demonstrate exceptional, sustained, compassionate, and direct patient care that clearly went above and beyond the call of duty. For more information see: [http://www.va.gov/NURSING/nationalawards.asp](http://www.va.gov/NURSING/nationalawards.asp).

      (3) **William A. Nelson Award For Excellence in Healthcare Ethics**
      This award, honoring William A. Nelson, Ph.D., and former Chief of the Ethics Education Service in the National Center for Ethics in Healthcare, recognizes VHA employees whose careers exhibit the highest standards of excellence, dedication, and accomplishment in the field of healthcare ethics (including clinical ethics, organizational ethics, and research ethics). For more information see: [http://vaww.va.gov/vhaethics](http://vaww.va.gov/vhaethics).

      (4) **The Secretary's Labor-Management Relations Award**
      Secretary's award recognizes successful labor-management relationships in the VA. Awarded for employees in positions where direct care, benefits, or memorial services are being provided. For more information see: [http://www.va.gov/LMR/](http://www.va.gov/LMR/).

      (5) **Leadership VA Alumni Association Exemplary Service Award**
      The Annual Leadership VA Alumni Association (LVAAA) Exemplary Service Award. This award is $1,000.00 and funded totally by the Alumni Association of LVA and will be divided into two groups; a $500 check will be awarded to one employee, GS-8 and below, and another employee in the GS-9 through GS-12 grade level (including wage grade and Title 38 equivalents). For more information see: [http://vaww.vasthcs.med.va.gov/employeeawards/VAALUMNHonoraryLeadershipAward.htm](http://vaww.vasthcs.med.va.gov/employeeawards/VAALUMNHonoraryLeadershipAward.htm).
b. VHA Level Awards:

(1) Olin E. Teague Award Program
Developed to pay tribute to the late Honorable Olin E. Teague, former Congressman and a strong advocate for patients' programs, this award honors contributions made in the area of rehabilitation and improvement in the quality of life of war-injured Patients. For more information see: http://www.rehab.research.va.gov/award/teagueindex.html.

(2) Marsha Goodwin-Beck Interprofessional Awards For Excellence in Geriatrics.
This award, honoring Marsha E. Goodwin-Beck, Registered Nurse-Certified (RN-C), Master’s Degree of Arts (MA), Master’s Degree of Science in Nursing (MSN), former Director of Geriatric Programs, recognizes outstanding geriatric healthcare providers and leaders in the interprofessional care of older Patients. The recipients of these awards should show a sustained commitment to the needs of Patients in their advancing years. For more information see: http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2385.

(3) Diversity Awards Program.
This VHA Diversity Advisory Board Awards Program recognizes those VHA facilities and VHA Central Office Program Offices that have advanced the cause of diversity in the workplace and have provided a positive role model for other facilities through an educational initiative, program, and/or activity that demonstrates support for diversity, and empowers employees and/or teams. For more information see: http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2141.

(4) MARK WOLCOTT AWARDS FOR CLINICAL EXCELLENCE
This award for Clinical Excellence. Established in 1996, this award program recognizes outstanding Veterans Health Administration (VHA) health care practitioners who are deserving of special recognition for their contributions in enhancing clinical care. It was named after Mark Wolcott, M.D., who dedicated over 40 years of his life to serve and improve the quality of health care for VHA’s Veteran population. Two award categories have been established. Excellence in Clinical Care Delivery. The recipient of this award is to be a practitioner in any health care setting who has demonstrated excellence in “hands on” direct patient care. Excellence in Clinical Care Leadership. The recipient of this award is to be a health care practitioner in a leadership or management position who has demonstrated excellence through exceptional support for direct patient care providers, including support of innovations enhancing the quality of direct patient care delivery. For more information see: http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2413

(c) ONS Awards:

(1) Let’s Get Certified! Campaign awards. ONS created a national award to recognize nursing leadership in supporting nurses obtaining specialty certification. Its purpose is to serve as a catalyst for new and creative ideas initiated and led by
VA nursing staff to develop a comprehensive program to promote, support, reward and recognize specialty nursing certification. For more information see:

(2) **Nursing Innovation awards.** The VHA Nursing Innovation Awards program, a national award mechanism created and launched in 2003, annually recognizes nursing leadership in quality improvement. VA Nursing staff are known to be dynamic change agents, influencing practice and system-wide initiatives. Each year, the Innovation Awards program recognizes ten hospital programs and/or initiatives, and each winning team receives a $10,000 group award. ONS strives to identify new and innovative ideas that are best practices recognized as nurse-led, quality improvement initiatives across For more information see:
APPENDIX C: LEADERSHIP DEVELOPMENT PROGRAMS

1. Mentor/Coach Training and Certification: The Mentoring/Coaching Program is designed to provide a source of career information and guidance to employees who are interested in enhancing their career potential. The program goals include: To provide help in career planning and performance enhancement; To emphasize the Core Competencies of the High Performance Development Model; To assist partners in examining strengths and growth opportunities; and To provide mentors an avenue to pass on their skills and knowledge to junior colleagues.

2. Preceptor Training: Precepting is vital to promoting the competence, familiarity, confidence, and security of nurses in a new environment. Historically, there have been few standardized or universally accepted guidelines for the curriculum that should be included in the preceptorship model. Preceptor programs for nurses working in all patient care areas are encouraged for the purpose of providing the opportunity for practical application of theory-based precepting and to practice in real-world situations using tools. Nurses are encouraged to apply best practices and identify the rationale while in a preceptor program.

3. Leadership Effectiveness Accountability Development (LEAD): LEAD provides a complete leadership development curriculum for current and aspiring government leaders. LEAD is designed to recognize the developmental efforts of government employees by providing official recognition of achievement at a given level of leadership. Each leadership level requires the participant to complete five seminars within three years. There are four levels of leadership in the LEAD Certificate Program which are Project/team lead, Supervisor, Manager, Executive (SES level). This is training that is specific and critical for successful leadership in the VA.

4. New Executive Training Program (NEXT): A one year executive orientation for newly appointed executives. Opportunities for inter-professional coaching, individual coaching and mentoring, enhanced executive leadership skill development, and discipline-specific and senior leadership learning and collaboration occurs.

5. Health Care Leadership Development Program: HCLDP is a key element of the ECF Candidate Development Program and is also offered to Associate Directors, Chiefs of Staff, Nurse Executives and their counterparts in VISN and VHACO offices. This course consists of three weeklong session scheduled over 6-9 months. The curriculum addresses the core competencies of HPDM, with particular emphasis on Personal mastery.

6. Executive Career Development (ECF): ECF Candidates are mid-management employees who are competitively selected at the national level as high potentials consisting of three indicators: the desire to learn, work hare, and move into a leadership role; high performance in the current position; and evidence of the eight core competencies. Successful applicants enter a two-year development program while keeping their current position. This program provides developmental opportunities for high-potential employees, grades GS-13-14/Nurse IV/Physician Tier 2, preparing them to apply for executive vacancies. ECFCDP is a two-year program with a program development plan, mentor and preceptor components, and includes a wide variety of educational and experiential learning opportunities.
7. **Leadership VA (LVA)**: LVA is designed to provide continuing executive development to employees with a One-VA leadership experience promoting cross training, leadership competencies and personal development. This program is designed to identify leaders in VA who exhibit leadership talent and potential and to provide an enrichment of their career development through intense leadership training experience. The goal is to influence senior leaders to become global VA system thinkers who can provide critical leadership for any department across the VA.

8. **Health Care Executive Fellows Program (HCEF)** The Health Care Executive Fellows Program (HCEF) is a one year, hands-on, full-time paid fellowship. The accepted candidate will be provided extensive training and experiential learning opportunities alongside an experienced VHA Certified Mentor. Candidates will be placed in an executive position at a VHA Medical Center following successful program completion. HCEF is designed for Nurse Managers, Administrative Managers or Clinical Service Chiefs that would be interested in the executive fellowship. The HCEF Program follows a structured curriculum enhanced with healthcare discipline-specific elements that are technical in nature. For more information see: [http://www.vacareers.va.gov/va-you/professionals/healthcare-executive-fellows.asp](http://www.vacareers.va.gov/va-you/professionals/healthcare-executive-fellows.asp)
APPENDIX D: EDUCATION and TRAINING PROGRAMS

1. VA Employee Funded Educational Support Opportunities
The VA understands and encourages employees to pursue higher education by offering one of the most robust, comprehensive education support programs in the nation. The Health Professional Educational Program Assistance Program was authorized by Public law 105-368, the Patients Programs Enhancement Act of 1998 (amended in 2001, 2003, and 2004). A brief description of resources and support programs provided by VHA in which professional nurses may have the opportunity to participate are noted below.

These programs include the Employee Incentive Scholarship Program (EISP), National Nursing Education Initiative (NNEI), VA National Education for Employees Program (VANEEP), Education Debt Reduction program (EDRP), Tuition Support Program, and Tuition Reimbursement Program:

a. Brief Description of EISP: This scholarship program funding enables VA employees to obtain entry nursing diplomas/degrees, including LPN, associate degrees, baccalaureate degrees, and advanced degrees. However, it does not provide salary replacement funds. For more information regarding EISP see: http://www.medicalsurgical.va.gov/MEDICALSURGICAL/Anesthesia/docs/EISP_HB_MAY20.

b. Brief Description of NNEI: The NNEI is established under the same authority as the EISP, but is primarily aimed at providing funding for VA nurses to obtain bachelor degrees in nursing (BSNs). This program can also be used to obtain advanced degrees. The VA Nursing Qualification Standards require a BSN degree or Master’s to advance to higher grades.

c. Brief Description of VANEEP: This is a new initiative that provides salary replacement dollars, full-time equivalents (FTE), funds to cover the cost of tuition, books, and certain fees to allow employees enrolled in licensed practical (or vocational) nurse (LPN/LVN), associate degree in nursing, and bachelor’s degree in nursing programs to pursue their studies on a full-time basis.

d. Brief Description of EDRP: The Education Debt Reduction Program (EDRP) enhances the retention and recruitment of health professionals that are required to meet the staffing needs of the Veterans Health Administration (VHA). It provides education loan repayments to healthcare professionals in occupations for which retention and recruitment is difficult.

e. Brief Description of Tuition Support Program: This program funds job-related courses, continuing education courses, and conferences for employees in shortage category professions.

f. Brief Description of Tuition Reimbursement Program: Tuition reimbursement program is available to full-time VA employees who are enrolled in any accredited nursing degree program. Prerequisite courses required for acceptance into a degree program are also funded.
g. NOVA Foundation Scholarship
Nurses Organization of Veterans Affairs (NOVA) Foundation for professional nurses: The purpose of the Foundation is quality health care for veterans and those served by the Veterans Health Administration through the promotion of nursing research and study, nursing education and scholarship, and the advancement of the profession of nursing. The NOVA Foundation provides scholarships to VA nurses who are enrolled in accredited baccalaureate in nursing, masters, post-master’s and doctoral programs. For more information see: http://vaww1.va.gov/NURSING/nova.asp.

2. Non-VA Employee Funded Educational Support Opportunities:

Student programs include VA Learning Opportunities Residency (VALOR), Student Educational Employment Program (SEEP) that consists of two distinct components of Student Temporary Employment Program (STEP), Student Career Experience Program (SCEP) and Scholarships with Nurses Organization of Veterans Affairs (NOVA). Specific information on programs is available through the Healthcare Recruitment and Retention Office (HRRO). HRRO provides support to the field in recruitment and retention of VA healthcare professionals through advertising, outreach, and education programs.

a. Student Program-VALOR: This program allows students who have completed their junior year in an accredited clinical BSN program to gain experience at a VA facility. Each local medical center is responsible for academic affiliations and the recruitment of VALOR students.

b. Student Program-STEP: This program offers temporary employment to students; opportunities range from summer positions to jobs that can last throughout the student’s course of study.

c. Student Program-SCEP: This is a formal work-study program for students in accredited high schools, colleges, and universities. To be eligible, the student must be pursuing a degree directly related to the position to which s/he is applying. When the student’s education requirements are complete, s/he may be eligible for full-time VA employment.

d. Health Professional Scholarship- HPSP: Offers awards to nursing students enrolled full-time or accepted for enrollment in an NLN-accredited nursing program. Recipients must agree to be employed as full-time licensed professionals in a VA medical center for a two-year service obligation. Benefits include funds for tuition and fees, other educational expenses, and a monthly stipend.

3. VHA Professional Development Opportunities

The VHA recognizes the importance of continuous learning and professional development. “Preparation for a career is ongoing because knowledge is continually expanding and new responsibilities demand updated knowledge and skills.” (McBride, 1985, p.245) A variety of
professional development programs are available to nurses within the VHA. Examples and references for these programs are noted below.

- Nurse Manager Development Program
- Nurse Executive Orientation and Development Program
- Nurse Mentoring Program
- Nurse Executive Mentoring Program
- Nurse Professional Standards Board Orientation
- LPN Standards Board Orientation
- EDP Consultation
- Research Consultation

Specific information on these programs is located on the ONS website, va411.va.gov/nursing or www1.va.gov/nursing.

4. Nurse Scientist/Researcher Development Opportunities from the Office of Academic Affiliations


The Pre-Doctoral Nurse Fellowship Program provides opportunities for registered nurses, who are doctoral candidates, to conduct their dissertation studies at VA facilities for dissertation topics that are relevant to the care of Patients.


The Post-Doctoral Nurse Fellowship Program provides nurses, who have earned research doctoral degrees, the opportunity to broaden their scientific or research background, and extend their potential for clinical research in nursing.

c. VA Advanced Fellowship Program in Health Services Research and Development (HSR&D) at: http://www4.va.gov/oaa/specialfellows/default.asp.

This fellowship provides two years of post-residency or post-PhD research, education, and clinical learning opportunities to eligible clinicians, including nurses. Graduates are expected to be role models in leading, developing, conducting, and evaluating innovative health services research in a variety of clinical settings.

d. VA Advanced Fellowship Program in Interprofessional Polytrauma and Traumatic Brain Injury Rehabilitation at: http://www4.va.gov/oaa/specialfellows/default.asp.

This program meets needs of our military personnel who are returning home from service with traumatic brain injuries, complex orthopedic injuries, and physical and psychological wounds accompanied by cognitive deficits from a "signature" blast injury. The fellowship provides protected time, mentorship, and a clinical research environment for qualified candidates.
e. VA Quality Scholars Program at: http://www.vaqs.org/

The Veterans Health Administration Office of Academic Affiliations has signed a Memorandum of Understanding with the Robert Wood Johnson Foundation’s (RWJF) Quality and Safety Education for Nursing (QSEN) program. This new relationship allows VA, in conjunction with our partners at The Dartmouth Institute for Health Policy and Clinical Practice and the RWJF QSEN, to lead the nation in advanced interprofessional training of physicians and nurses in an intensive two year course of study that includes study, research, and practice in quality and safety at six VA medical centers (Birmingham, Cleveland, Iowa City, Nashville, San Francisco, White River Junction). The Offices of Academic Affiliations and Nursing Services have collaborated in the planning for these changes in the VA Quality Scholars Program.