



Nursing Research Agenda

State of the Art Meeting

November 2023



Nursing SOTA Research Recommendations

December 6, 2023

Amelia Schlak, PhD, RN

Nursing SOTA Co-Chair

AAAS Science and Technology Policy Fellow

Health Services Research and Development

Office of Research and Development

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

Nursing SOTA Co-Chair

Director, Research, Evidence-Based Practice & Analytics

Office of Nursing Services



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Agenda

/ Background

/ Goals and Process

/ Overview of Nursing Workforce Strategic Plan

/ Nursing SOTA Research Recommendations

/ Audience Questions



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What is a SOTA?

“State of the Art” Conference

Discusses a critical area of research for VHA hosted by the Office of Research and Development and a program partner



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Goals of the Nursing SOTA

Bring together nursing clinical experts and researchers

Review the state of the science related to nursing practice and workforce issues

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

Identify policy and practice recommendations for clinical leaders

Identify research gaps and recommendations for needed nursing research



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Why focus on Nursing?

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

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

VA can set the standard for nursing care.



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Who was represented at the SOTA?

Research

- VA Researchers
- External Investigators
- National Institute of Nursing Research (NINR)
- VA Office of Research and Development (ORD)
 - **Health Services Research and Development (HSR&D)**
 - **Rehabilitation Research and Development (RR&D)**
 - **Quality Enhancement Research Initiative (QUERI)**

VA Program Offices

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

Clinical leaders and front-line clinicians across VHA



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Nursing SOTA Products

- Policy or practice recommendations
 - Linked to strong evidence or other clear rationales
- **Research agenda > RFA**
 - **Based on recommendations from SOTA work groups**
- Journal supplement
- Briefings to leadership
- Cyber Seminars



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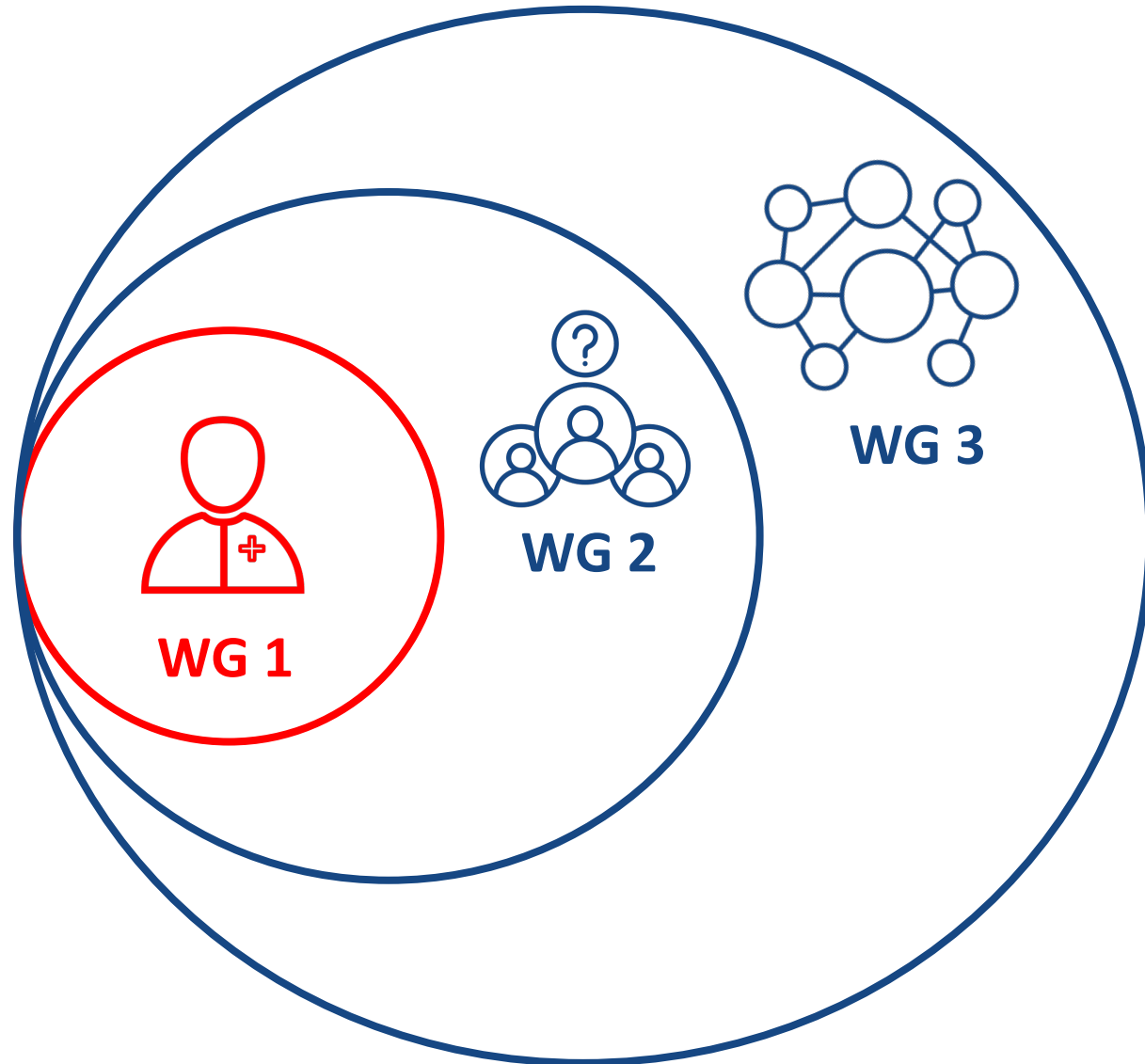
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Optimizing nursing practice

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





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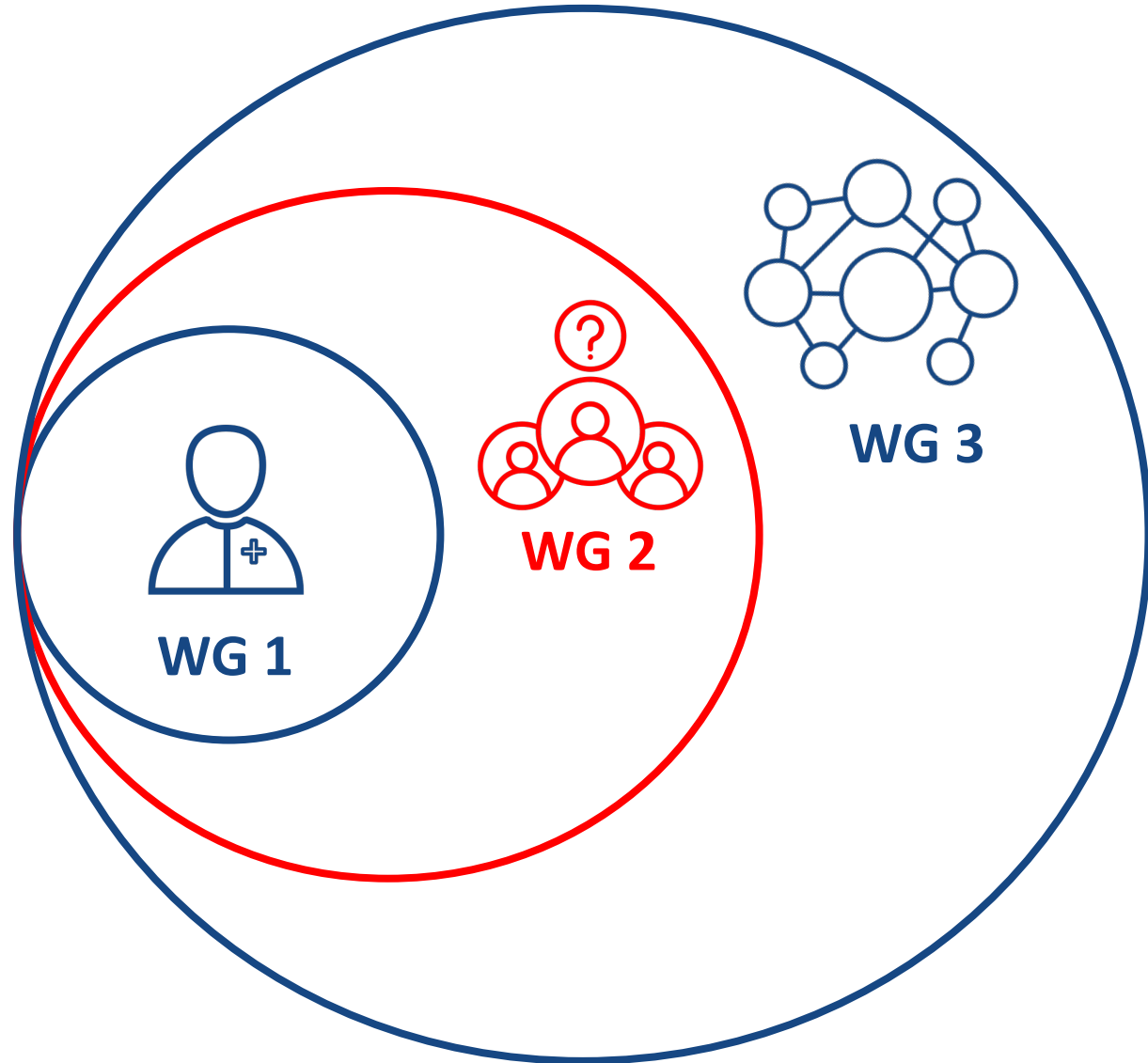
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Strengthening the Nursing Workforce

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





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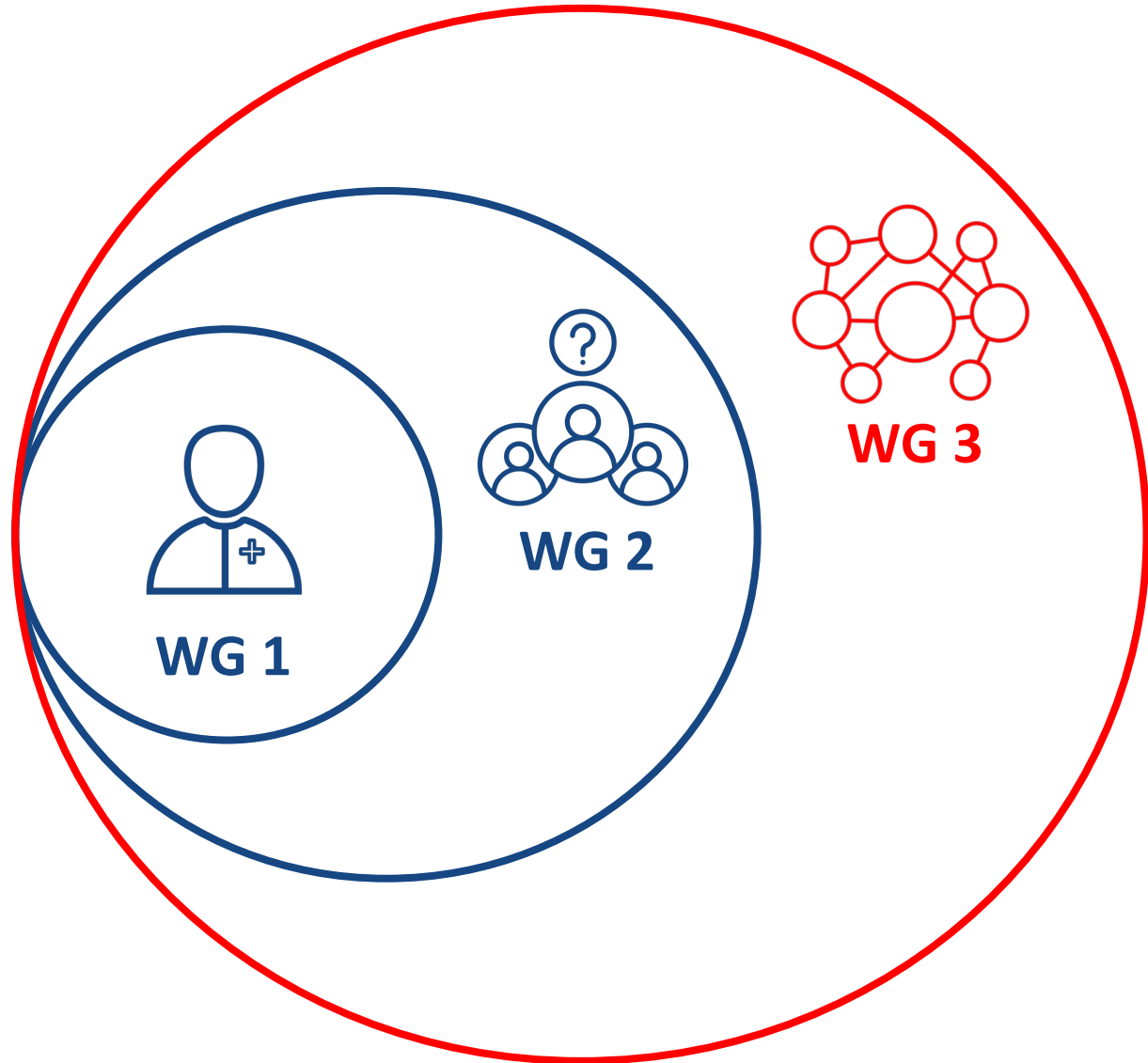
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Reimagining Lifelong Learning & Inspiring an Industry Leading Culture

How the
environment and
organizational
context affects
nurses and
nursing practice





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Planning Committee

1. Optimizing Nursing Practice

1a: Pressure Injury

Chris Olney**
Lisa Burkhart

1b: SDoH/Care Coordination

Nipa Kamdar**
Sarah Krein**

Members

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

2. Strengthening the Nursing Workforce

Members

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

3. Reimagining Learning & Inspiring an Industry-Leading Culture

Members

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

Rotating Team: Nicholas Parr, Jerry O'Keefe, Amelia Schlak, Liza Catucci



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Current State of the VHA Nursing Workforce Strategic Plan

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

Nursing SOTA Co-Chair

Director, Research, Evidence-Based Practice & Analytics

Office of Nursing Services



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VHA Nursing Leadership



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



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



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VHA's Vision Statement

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

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

As global leaders in nursing, VHA consistently:



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



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



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



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

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



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2022-2032 VHA Nursing Workforce Strategic Plan

Optimizing Nursing Practice

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

Strengthening the Nursing Workforce

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



Reimagining Lifelong Learning and Career Development

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

Inspiring an Industry-leading Culture

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



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Setting the Path Ahead

Strategic
Priorities and
Enablers

Accelerate our journey to
High Reliability

Support Veterans' whole
health, their caregivers, and
survivors

Retain, invest in, and
support our people

Scale best practices and
drive innovation

SOTA Workgroup Topics:

Pressure Injury Prevention
Social Determinants of Health
Care Coordination
Staffing
Models of Care
Nursing Excellence
Workplace Violence
Wellbeing

Optimizing Nursing Practice

Strengthening the Nursing
Workforce

Reimagining Lifelong
Learning and Career
Development

Inspiring an Industry-
leading Culture

Nursing
Workforce
Strategic Plan



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Nursing SOTA: Prioritized Research Recommendations



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Workgroup 1a: Pressure Injury

Optimizing nursing practice

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



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Workgroup 1a: Pressure Injury

Summary:

- Investigators should prioritize pressure injury **prevention, detection, and treatment practices and technologies** that will be...
 - 1) **Effective regardless of patient skin tone** (research that prioritizes addressing **health disparities** and pressure injury development in those with darker skin tones is highly encouraged)
 - 2) Implementable during routine care and across care settings and caregivers, with particular emphasis on **supporting lay caregivers (e.g., family members) and Veterans** in taking a more active role in prevention and treatment in the **home setting**.



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Workgroup 1a: Pressure Injury

Specific Recommendations:

- **Prevention:** Identify practices, processes or technologies that prevent pressure injuries in VA patients and care settings (e.g., develop, test and validate technologies and interventions aimed at preventing the onset or recurrence of pressure injuries; develop and study the implementation of approaches to improve sharing of pressure injury risk information between care providers and settings).
- **Detection:** Identify practices, processes or technologies that improve early detection of pressure injuries (i.e., prior to pressure injury development or during initial [stage 1] development) in VA patients and care settings.
- **Evidence-Based Practices:** Determine the real-world effectiveness and feasibility of nursing interventions/practices for pressure injury prevention and treatment (e.g., prioritized elements of the VA SKIN bundle).



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Workgroup 1b: Social Determinants of Health (SDoH)



Optimizing nursing practice

What nurses do at the point of care related to the SDoH



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Workgroup 1b: Social Determinants of Health (SDoH)

Summary:

- There are **numerous gaps in knowledge** about nursing practices and social determinants of health.
- Research topics to address these gaps are organized using the Donabedian model (**structure, process, outcomes**).
- Although an important topic across all settings, SDoH research focusing on **home health and outpatient** settings is specifically encouraged.



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Workgroup 1b: Social Determinants of Health (SDoH)

- **STRUCTURE:**
 - Understand **what system or organizational structures are needed to support nurses and interprofessional care teams** to adequately identify and address SDoH/social needs.



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Workgroup 1b: Social Determinants of Health (SDoH)

- **PROCESS:**

- Understand how SDoH/social needs are identified and addressed by interprofessional teams.
 - Emphasis on understanding the **unique roles and responsibilities of nursing** in identifying and addressing SDOH/social needs.
 - Research should consider **how the nursing workforce can be leveraged** most effectively to address SDOH/social needs.
- Research may focus on nursing interventions related to SDoH/social needs (e.g., screening/assessment, benefits navigation, communication, education, care coordination, etc.) and how such interventions impact Veteran outcomes, system outcomes, or nursing workforce outcomes.



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Workgroup 1b: Social Determinants of Health (SDoH)

- **OUTCOMES:**

- Understand how **nursing workload related to SDoH can be reliably measured and assessed** (e.g., screening, care coordination, follow-up, etc.). Additional consideration should be given to understanding the burden of SDoH interventions on nurse staffing needs.
- **Assess Veteran experiences, preferences, and goals** related to the initiatives and nursing interventions to address SDoH/social needs.



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Workgroup 1b: Care Coordination



Optimizing nursing practice

What nurses do at the point of care related to care coordination



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Workgroup 1b: Care Coordination

Summary:

- Primary emphasis on **evaluating** care coordination approaches and models
- Research topics to address these gaps are organized using the Donabedian model (**structure, process, outcomes**).
- Although an important topic across all settings, research is specifically encouraged to focus on **home health, outpatient, and care transition** settings.



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Workgroup 1b Care Coordination:

- **STRUCTURE**

- Understand whether **access** to and **delivery** of care coordination is **equitable**.
- Determine if the strategies (e.g., **risk assessment tools**) used to identify who needs care coordination are **valid**.
- Evaluate the **quality-of-care coordination** for different patient populations, including different levels of need/acuity and across various practice settings.
- **Determine which models of care coordination improve patient outcomes.**



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Workgroup 1b Care Coordination:

- **PROCESS**

- Determine how nurses' actions as part of care coordination affect patient outcomes.
- For example, in established models (such as Patient Aligned Care Teams [PACT], Transitional Care Model [TCM], Home-Based Primary Care) **what is the nurses' role, what functions do nurses perform and are these activities contributing to improvements in patient outcomes?**



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Workgroup 1b Care Coordination:

- **OUTCOMES**
 - **Understand Veteran's lived experiences with care coordination.**
 - Additional research is needed to understand the **interprofessional team experience with care coordination**, particularly those team members that are tasked with providing care coordinating services or case management.



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Workgroup 2: Staffing and Care Models



Strengthening the Nursing Workforce

How nurses are organized and managed



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Workgroup 2: Staffing and Care Models

- **Summary:**
 - Examine the **relationship between staffing levels, skill mix, workload, services provided, and outcomes** (for the Veteran, staff, and organization).
 - Research recommendations specific to **measures, models, informatics, technology, and data** are aimed at supporting such assessments and advancing strategies for improvement.



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Workgroup 2: Staffing and Care Models

- **MEASURES:**
 - Develop an expanded set of **measures to assess nurse staffing and workload** (e.g., data generated as part of routine care such as activity data in the electronic health record, audit logs, direct observation of nursing services provided, etc. may inform such measures).
 - Evaluate nurse sensitive indicators to determine which ones are most appropriate **or establish new nurse sensitive indicators.**



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Workgroup 2: Staffing and Care Models

- **MODELS:**
 - **Define what models are currently in place across VHA.**
 - **Identify roles for interprofessional teams in models** (Transitional Care Model [TCM], Community Aging in Place- Advancing Better Living for Elders [CAPABLE], Program All Inclusive Care for the Elderly [PACE], Inpatient Staffing, Long term Care Staffing, Residential Care Staffing).
 - Conduct **more inclusive staffing studies**** (e.g., inclusive of a mix of different staff beyond nursing such as house keepers, phlebotomists, respiratory therapists, etc.).



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Workgroup 2: Staffing and Care Models

- **INFORMATICS:**
 - **Develop and evaluate tools and technologies that support staffing decision-making** (including dashboards) at multiple levels of the health care system (e.g., unit, facility, VISN, national).



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Workgroup 2: Staffing and Care Models

- **TECHNOLOGY:**

- Assess the role of emerging **technologies in supporting staffing issues** (e.g., telenursing; integration of AI into staffing methodology).
- Evaluate the **contribution of emerging technologies** into the **provision of nursing care** (e.g., AI, virtual reality).
- Evaluate the effect of existing and emerging technologies on nursing workflow and workload.
- Assess how technology may alter needed staffing levels and skill mix required to provide appropriate patient care as well as the effects on nurse well-being.
- Ensure consideration of the **ethical use of emerging technologies** related to staffing or nursing care delivery.



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Workgroup 2: Staffing and Care Models

- **DATA: Establish a coordinating center for nursing research.**
 - **Goal:** Develop a data infrastructure to support dynamic analytic datasets of nursing care and staffing models that will facilitate research on a broad range of patient and nursing outcomes.



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Workgroup 2: Staffing and Care Models

- **Coordinating center for nursing research:**
 - **Key Functions:**
 - Create and house a **data repository** with clean and consistent data on the nursing workforce and nursing practice.
 - Provide **methodology support** for investigators seeking to use data in answering novel research questions related to nursing.
 - **Mentor** early career nurse scientists to build a pathway to independent funding.
 - **Partner** with leading nursing research workforce centers outside VHA.
 - **Partner** with COINs, QUERI Centers, etc.
 - **Personnel:**
 - Funding support for analysts and content experts.
 - To be housed in ONS so partners can access their data and make informed decisions in real-time.



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Workgroup 3: Environment



Reimagining Lifelong Learning &
Inspiring an Industry Leading Culture

How the environment and organizational
context affects nurses and nursing practice



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Workgroup 3: Environment

- **Summary:**
 - Addressing the nurse work environment is the responsibility of the organization.
 - Future research should focus on understanding organizational attributes that improve nurse well-being and system-wide interventions to improve scalability of positive organizational attributes across VHA facilities.



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Workgroup 3: Environment

- **Nurse Workforce Well-being**
 - **Environment:**
 - Evaluate the **variation** in nurse work environments across VA care settings and identify work environment features that are most associated with **nurse wellbeing and improved Veteran outcomes**.
 - Studies may include comparative examinations of high and low performing settings.
 - Studies may also consider the attributes and approaches of clinical and leadership teams that report low levels of burnout and turnover compared to teams in VA care settings.



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Workgroup 3: Environment

- **Nurse Workforce Well-being**
 - **Interventions:**
 - Evaluate new and existing **interventions to improve the nurse work environment** and their effects on nurse wellbeing and Veteran outcomes (e.g., shared governance model, ANCC Magnet/Pathway to Excellence, strategies to interprofessional teamwork, etc.).
 - Identify system-level **barriers and facilitators of adoption and sustainability.**



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Workgroup 3: Environment

- **Nurse Workforce Well-being**
 - **Leadership:**
 - Evaluate existing **leadership training programs** and **interprofessional executive leadership teams (ELTs)** and their effects on wellbeing and work environment (e.g., Executive Team Development Program). Longitudinal designs are encouraged.
 - Understand the **impact of a VISN chief nursing officer** on nurse wellbeing and Veteran outcomes.



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Workgroup 3: Environment

- **Nurse Workforce Well-being**
 - Evaluate existing VA initiatives related to clinician wellbeing, including effects on nurse and Veteran outcomes (e.g., **72/80 program, local REBOOT programs**). Controlled studies are encouraged.
 - For example, studies may focus on **developing implementation strategies** that encourage the adoption, adaptation, and sustained use of VA workforce well-being initiatives (e.g., Employee Whole Health, REBOOT).
 - **Determine what aspects of VA workforce well-being initiatives have demonstrated impact on nurse well-being outcomes** including (but not limited to) burnout, turnover, employee engagement, productivity, efficiency, quality, and safety.
 - **Determine what VA nurses consider meaningful/joyful work?** What are models of care that can support nurses in performing these activities while delegating/de-implementing others?



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Workgroup 3: Environment

- **Workplace violence**
 - **Evaluate new and existing workplace violence prevention strategies/interventions** (e.g., training staff in early detection, patient screening tools, etc.). Studies that **incorporate outcomes from multiple perspectives (e.g., Veteran, family, staff) are encouraged**. Studies evaluating the longitudinal effectiveness of violence prevention strategies/interventions are needed.
 - Assess the **impact of placing behavioral flags** in the Veteran's electronic health record (e.g., What is the impact on patient care?).
 - **Evaluate workplace violence reporting systems across VHA settings and patient populations**. Determine the barriers to reporting experiences with workplace violence. What are the associated outcomes with reporting?



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Nursing Research Agenda will inform....

- **Service directed RFA available in Spring**
- **Nursing Center RFA available in Spring**



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Thank you

SOTA Co-Chairs

- Sheila Sullivan, Amelia Schlak, Sarah Krein

ONS Partners

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

SOTA Planning Committee Co-Leads

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

CIDER Team

- Jerry O'Keefe, Karen Bossi, Rama Palriwala

Evidence Synthesis Program

- Nicholas Parr

Senior Leaders

- Carolyn Clancy, Jennifer Strawn, Mark Upton, Liza Catucci, Amy Kilbourne, Patricia Dorn

Entire SOTA Planning Committee

SOTA Meeting Participants



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Questions?