Overview of VANOD

- Mission: create a database of evidence based indicators for nursing care and staffing that will be used to improve clinical and administrative outcomes and related processes

- Business Rules:
  - Value of data collected should exceed the cost of collecting
  - Data Entry/capture – minimal burden; should be an automated ‘by-product’ of documenting good patient care; no manual data collection
  - Calculations – scores should be transparent and reproducible for validation
  - Timely – as close to ‘real time’ as possible
Type of Data Currently Available

Administrative Data
• Distribution of hours and dollars, by hours on duty, paid and non-paid time off; granular to the pay period and time and leave unit
• Nursing Staff can be grouped by:
  – Nursing Role:
    • administration, hospital support, and unit direct care
  – Nursing Occupation Code: (hiring authority)
    • RN, LPN/LVN, Nursing Assistant, Student
  – Budget Object Code: (pay groups)
    • RN further segmented to break-out Nurse Practitioner & Clinical Nurse Specialist

Example of a Question for the Nurse Executive

1. For hours ‘On Duty’ (available for productive work) – What is the distribution of nursing hours between:

   A. Administration, e.g. Nurse Supervisors

   B. Hospital Support Staff, e.g. NP, CNS, infection control, wound care, case mgmt, etc.

   C. Unit Direct Care, e.g. staff nurse, LPN/LVN, UAP

Data Challenge: missing contract / agency care staff
On Duty Hours by Nursing Role

- Unit Direct Care
- Charge Nurse
- Staff Nurse
- LPNs
- NAs
- Hosp Support
- NP, CNS, Case Managers
- Inf. Control Nurses
- Nurse Educator
- Wound Care Nurses

What data is available about Overtime Costs?

- Drill to VISN/Facility
- Drill to Nurse Type
- Drill to Nurse Role
- Drill to Time Period
Combination Questions

- What are the ‘right’ indicators to combine to create an index that would indicate an ‘at risk’ situation for nursing?
  - Percent Eligible to Retire
  - Employee Satisfaction
  - Staff Turnover Rate
  - Overtime/Comp Time Earned per FTEE

What’s missing?

Administrative data without Clinical and Workload data is like half a rocket

There is a lot of power
But to achieve the goal, the other half is necessary
Workload Data

• Robust workload data is available, however there are a few critical obstacles for full utilization for nursing processes and outcomes:
  – Linking the nurse to the unit/ward is ‘clumsy’ and not sensitive enough to pick up floaters
  – Standardized national data is missing for the use of agency/contract nurses
• VANOD plans to have workload data by Spring of 2007 to combine with the current administrative data

Clinical Data Challenges

• VA has 100% Electronic Medical Records in use for both inpatient and outpatients, However:
  – There is not nationally standardized data entry or embedded data to measure nursing processes and related patient outcomes.
Our Vision

- To have administrative, workload, and clinical quality data about:
  - Nursing processes and
  - Patient outcomes
- That are automated with minimal data entry burden
- Web based reports for 142 VA Medical Centers
VA Nursing Outcomes Database (VANOD) Contacts

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