

Questions for the Record
Honorable Steve Buyer, Chairman
Subcommittee on Oversight and Investigations
House Committee on Veterans' Affairs
October 2, 2003

The Impact of the Current and Future Nursing Shortage

Question 1: The ANA testimony stated that during the period 1995 through 2000, the VA cut ten percent of the nursing staff. Could you explain the rationale of that decision and the impact of that decision today?

Response: The average number of full-time registered nurses decreased by 9.78 percent between FY 1995 and 2000 (see table).

FY	Average Full-Time
1995	35450
1996	34757
1997	33084
1998	32357
1999	32156
2000	31982

The decrease was partially the result of structural changes within the Veterans Health Administration (VHA), e.g., implementation of universal primary care, the shift from in-patient to outpatient care, establishment of community based outpatient clinics, and inauguration of regional and multi-institutional service lines. However, decreases for registered nurses were actually less than overall employment decreases during the same period both for all of VA and for VHA (16 percent and 18 percent, respectively). Since FY 2000, employment of registered nurses increased significantly. As of June 30, 2003, VHA had 35,581 registered nurses on board.

Question 2: The Magnet Recognition Program began in 1991. Why did it take the VA ten years to finally achieve this status at the Tampa VAMC?

Response: 1994 marked the year that the first U.S. hospital received magnet designation. As of August 2003, 85 U.S. hospitals out of 5,801 American Hospital Association (AHA) registered hospitals are designated as magnet facilities (1.4 per cent). In 2001, the Tampa VA Medical Center (VAMC) became the first of the 162 VHA facilities to achieve Magnet Designation.

Prior to making a decision to begin the application process for obtaining magnet status, it was necessary for VAMC Tampa's administrative leadership to examine the requirements for magnet status and to carefully assess its organizational readiness for the application process and to ensure that all requirements are in

place to support the application. Thus, the process of attaining magnet status begins long before a facility formally applies. After beginning the application process, Tampa's 3-year preparation, referred to by the American Nurses Credentialing Center, as the "magnet journey" is common for most hospitals that have attained magnet recognition. This two-step process followed by VAMC Tampa is consistent with that followed by most of the designated magnet hospitals across the country.

Question 3: Please elaborate on your legislative proposal for flexible tours of duty.

Response: Specifically, we are proposing to give VAMCs the flexibility to offer the following tours of duty:

- A) three 12-hour tours (36 hours) paid as 40 hours;
- B) 9 months of work with 3 months off, with pay apportioned over a 12-month period; and
- C) 7 ten-hour days/7 days off, with pay for 80 hours.

Providing VAMCs with this type of flexibility would enable local facilities to be more competitive employers. Such flexibility would reflect recommendations made by the AHA to foster meaningful work and encourage the redesign of job responsibilities, processes, and procedures. The availability of such schedules can be noted in job advertisements in a number of large, moderate, and smaller job markets.

A 2000 survey conducted by the American Organization of Nurse Executives (AONE), found that after salary, a top benefit sought by nurses was "flexible scheduling and control over shifts." AONE states that hospitals should examine different options for scheduling as a way of bringing more nurses into the workplace.

All shifts noted in VA's legislative proposal represent current practice in the professional nursing community. The flexible shifts are necessary to maintain VA's competitiveness in hiring and retaining staff. In local markets, hospitals change hiring and pay policies frequently and rapidly to maintain a competitive edge. The work environment (hours of work, pay and amenities) is commonly structured to meet the life style needs of nurses, and nurses shop for the most suitable. VAMC administrators need the authority to offer flexible tours to truly be competitive in their geographic areas.

Question 4: It is my understanding that VA facilities in Houston, San Diego, Washington, DC, and New York are in the process of filing their magnet applications and that approximately 11 other facilities have begun the planning process. What has the Veterans Health Administration done to implement this

program at the other 142 facilities? And what is your vision for a timetable for this program expansion?

Response: With the magnet designation of Tampa VAMC, the VA magnet rate is presently 0.6 percent, compared with the U.S. rate of 1.4 per cent. It is our vision that 50 percent of all VAMCs will be eligible for magnet status by FY 2007 and that 90 per cent will be eligible for magnet status by FY 2010. Consistent with its significant commitment to Baldrige standards, VA recognizes the value of the magnet recognition process. The Office of Nursing Services will serve as a catalyst to support and assist VA facilities in their journey to magnet recognition. We recognize that while all facilities may not attain magnet status, the "magnet journey" process itself is valuable.

VHA has implemented a number of programs that now form the foundation for facility magnet recognition. Among these programs are:

- Leadership Development Programs for both nurse executives and nurse managers are in process. These programs enhance leadership skills and abilities specific to creating and fostering work environments found in magnet hospitals.
- VA Nursing Outcomes Database Project (VANOD), which is a 16-month project for creating a database of nursing sensitive quality indicators that will enable exploration of relationships between nurse staffing and patient outcomes, evidence-based decision-making, and benchmarking for testing best practices. The resulting database will yield information required by VA medical centers in their magnet applications. The nursing sensitive quality indicators include falls, pressure ulcers, skill mix, staffing, staff musculoskeletal injuries, patient satisfaction, and RN satisfaction. Twelve randomly selected VA hospitals are included in this pilot project. Two VA Health Services Research teams are participating in the building of the database: VA Puget Sound in Seattle is creating data submission methods and database structure while the Management Decision and Research Center in Boston is creating reporting formats from the data. Future planning is underway to establish nation-wide VA roll out, development of more indicators, and expansion to other care settings such as long term care and ambulatory care.

The Tampa VA Medical Center nursing staff are playing pivotal roles as consultants, trainers and coaches to assist their VA colleagues in preparation for magnet recognition. Office of Nursing Services supports the Tampa VAMC "Building a Business Case for Magnet Designation" designed to evaluate the outcomes resulting from magnet designation. These data will reach a worldwide audience since the American Nurses Credentialing Center has elected to partner with VAMC Tampa in this endeavor.

In the future, VA's support will take the form of staff support, education, consultation and the development and distribution of toolkits. Further, the Office of Nursing Services will work closely with VHA's National Leadership Board to ensure that the resources needed by VA facilities to implement the cultural and organizational changes necessary to magnet attainment are in place.