

DHA Nurses' Week Initiative

Surveillance of Military Healthcare Staff Outcomes During Corporate Restructuring

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Presenter(s)



LTC Pauline A. Swiger, PhD, RN, CNL, CMSRN

Deputy Chief

&

Ms. Judy Orina, MBA, CCRP

Research Coordinator

Center for Nursing Science and Clinical Inquiry

Landstuhl Regional Medical Center

Landstuhl, Germany

LTC Pauline A. Swiger, PhD, RN, CNL, CMSRN





- Lieutenant Colonel Swiger is the Deputy Chief of the Center for Nursing Science and Clinical Inquiry at Landstuhl Regional Medical Center.
- She began her military career as a Reserve Officer Training Corps scholarship recipient at Viterbo University in LaCrosse, Wisconsin.
- She received her MSN from the University of Texas Health Science Center and her PhD, with a focus in Health Services Research, from the University of Alabama at Birmingham.
- Her primary research interests are nursing workload and workflow; the nursing practice environment, nursing care quality; and improving outcomes.

Ms. Judy Orina, MBA, CCRP





- Ms. Judy Orina is from Los Angeles, California.
- She worked primarily in industry Phase II-IV oncology clinical trials before moving to Germany.
- She enjoys research for the dualism between the clinical (intervention on the individual) and business component (outcomes for organization), but thrives on the business side as it relates to aligning organizational resources and optimizing organizational outcomes.
- She also loves foodie trips and travel adventures with her husband, Jeff, and son, Jacob.

Disclosures



- LTC Swiger and Ms. Orina have no relevant financial or non-financial relationships to disclose relating to the content of this activity.
- The views expressed in this presentation are those of the authors and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. Government.
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Learning Objectives



At the conclusion of this activity, participants will be able to:

- 1. Identify the mission of the Center for Nursing Science & Clinical Inquiry
- 2. Summarize some of the key findings discovered in the Magnet® study research.
- 3. Explain the restructuring and realignment of the Military Health System (MHS) to include the merging of medical departments.
- 4. Identify the purpose of the DHA Surveillance Study.
 - a. Understand the study measures and how it impacts the Practice Environment and Staff-reported care quality outcomes.
 - b. Differentiate between intent to leave and potentially preventable loss.
- 5. Review other Nursing Research Projects that are currently underway and discuss how their findings can shape the MHS.

What is a CNSCI?



Center for Nursing Science & Clinical Inquiry

Our mission is to build a strong foundation of Research and Evidence Based-Practice (EBP) that:



- ☐ Enables the conduct of ethical research;
- ☐ Provides highly reliable decision support; and
- ☐ Guides the healthcare team in the discovery, evaluation, and implementation of evidence to maximize quality, safety, and the patient experience.

What is it about Magnet® hospitals?



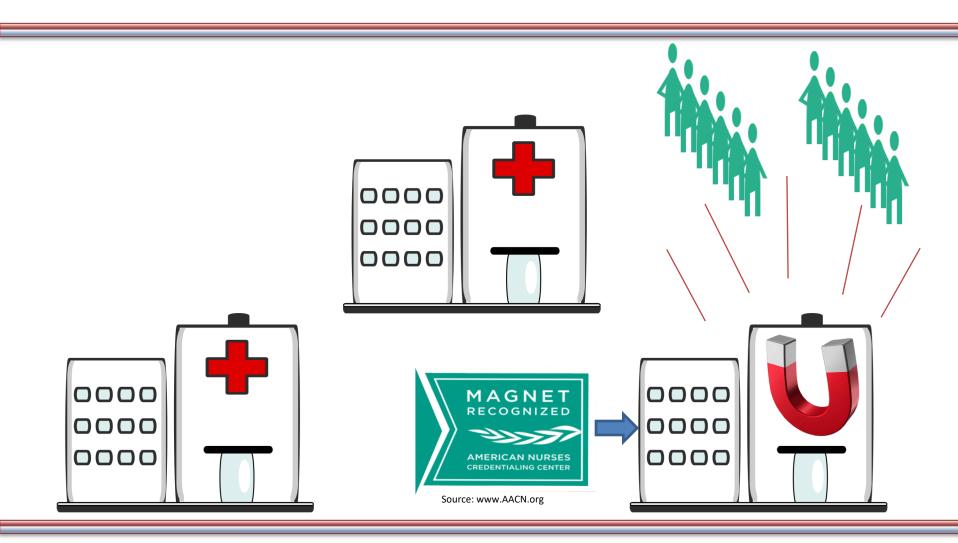
■ What is the Practice Environment and how do we know it is important?

■ To answer this, let's take a trip back to the 1980s, when nurses were in short supply.

Source: (Kramer & Schmalenberg, 1988)

Why Magnet® Hospitals?

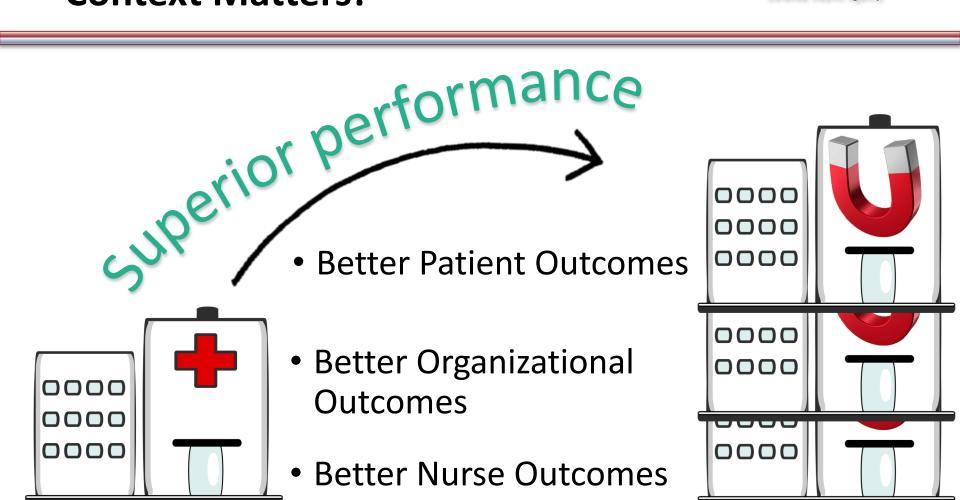




Result of Magnet® Hospitals

– Context Matters!





Merging Medical Departments





OFFICE OF THE UNDER SECRETARY OF DEFENSE

Section 703 of the National Defense Authorization Act for Fiscal Year 2017, (Public Law 114-328) "Military Medical Treatment Facilities"

Interim Report

OCT 29 2017

Source: http://themilitaryphysician.com/the-ndaa2017-and-the-future-of-military-medicine/

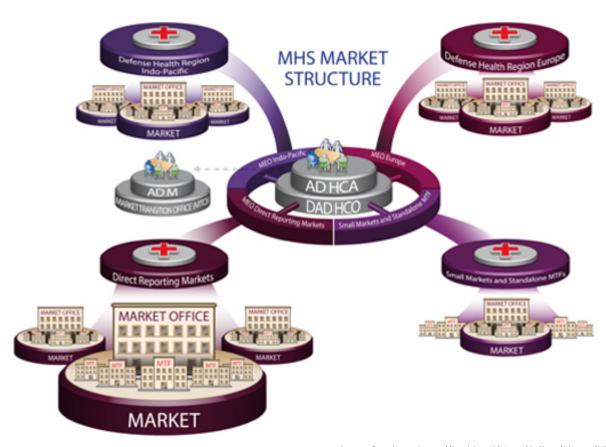






Complex and Copious Change



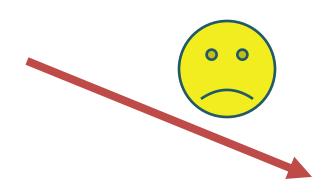


Source for photo: https://health.mil/News/Gallery/Photos/2020/01/29/DHA-Market-Construct-2020

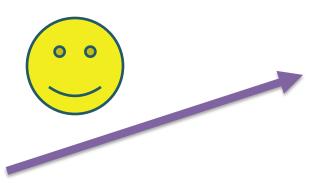
What does the civilian literature say about this type of change?



Stress



Versus



Opportunity

Sources: (Brown, et al., 2012), (Creasy & Kinard, 2013) and (Lim, 2014)

Why would we conduct surveillance?



- Identify workforce-related changes
- Spotlight high performers
- Address concerns
- Develop interventions

"The DHA Study"



- Study Title: Surveillance of Military Healthcare
 Staff Outcomes during Corporate
 Restructuring
- The purpose of this study is to examine direct care staff- related outcomes in Army, Navy, and Air Force acute and ambulatory care settings during the transition to the DHA.

Study Design and Methods



- Non-Experimental
- Cross-Sectional
- Pre-Post comparison

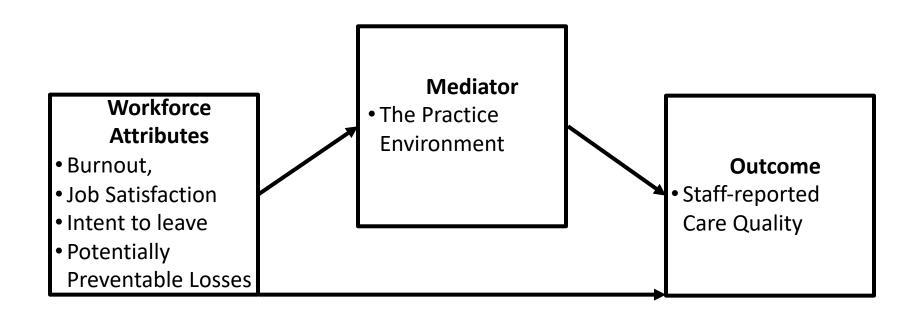
Design

- Generalized Liner Mixed Models
- Testing for mediation
- Using Z-Scores to standardize scales

Methods

What does the study measure?





What about burnout?



A syndrome that consist of emotional exhaustion, depersonalization and reduced personal accomplishment



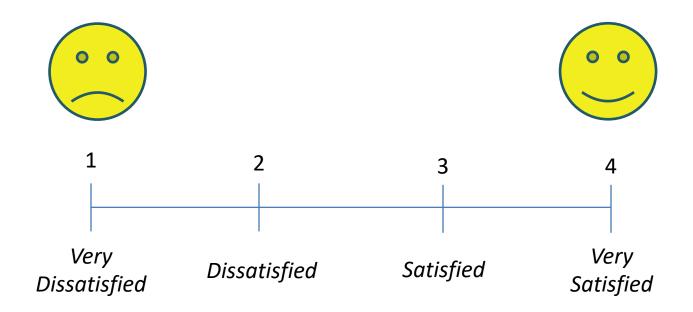
Source: (Maslach, Jackson, & Leiter, 1996)

Source for photo: https://www.ohio.edu/chsp/blog/avoid-healthcare-burnout

Job Satisfaction



■ Overall, how satisfied are you with your current job?

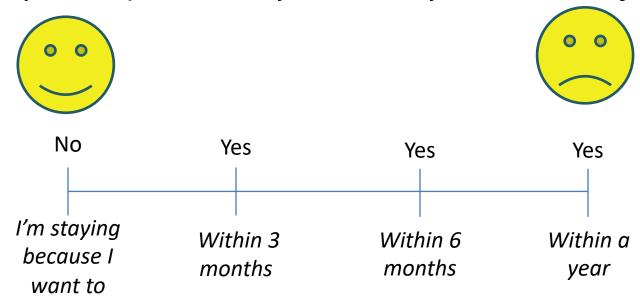


Intent to Leave



■ We have to ask this a little differently in the military.

"If you COULD, regardless of military obligations (yours or your spouses) WOULD you leave your current job?



Source: (Patrician, Shang, et al., 2010)

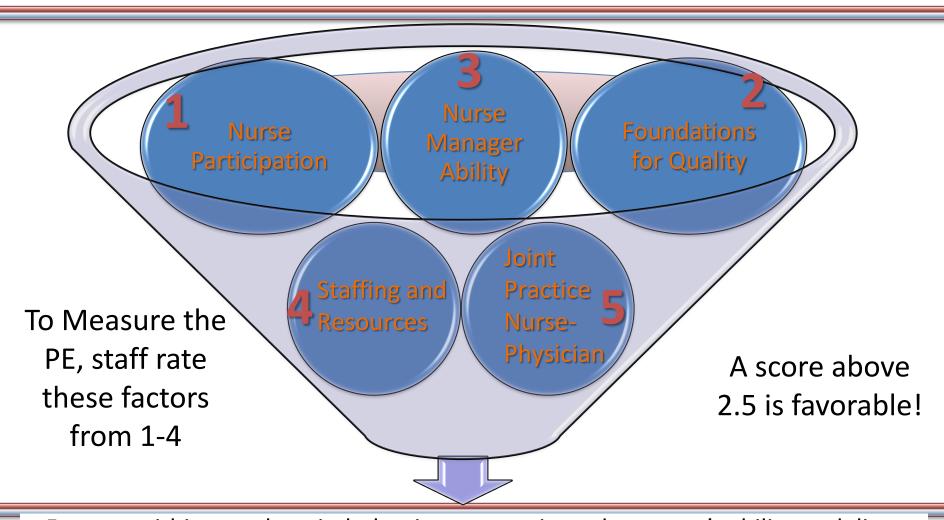
What is your primary reason you would leave your current position?



Not Potentially Preventable Loss	Potentially Preventable Loss
Work Driven (PCS or Deployment)	Leaving before retirement (ETS or civilian equivalent)
Medical discharge or Disability	Dissatisfied with compensation
Retiring	Dissatisfied with management
Cutbacks, workforce reduction or Termination	Dissatisfied with team members
Promoted out of position - within hospital system	Dissatisfied with work environment
Transferring within the hospital	Dissatisfied with schedule
Family member illness	Personal reasons
To pursue further education	Taking a position elsewhere (within healthcare)
Other	Taking a position elsewhere (outside of healthcare)

What makes up the Practice Environment (PE)?





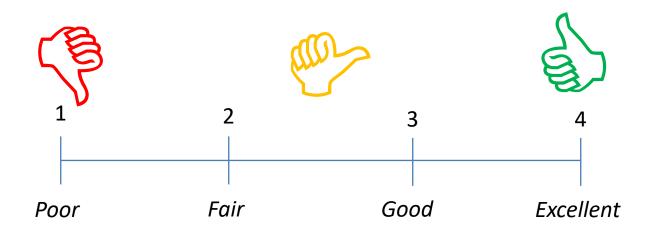
Factors, within your hospital, that improve or impede a nurse's ability to deliver high quality care (Lake, 2002).

Staff-Reported Care Quality



■ Healthcare workers (direct care staff) are good organizational informants!

"Overall, how do you rate the quality of care provided in your care area?"



Who can complete the survey?



- ✓ Direct Care Staff, I provide direct patient care 50% of the time or more (includes RN, LPN, LVN, Medical Technician, EMT, Paramedic, IDMT, Medic, Care Technician, Corpsman, 4N0, Certified Nurse Assistant [CNA], Nurse Assistant [NA])
- ✓ Advanced Practice Nurse (Nurse Practitioner providing direct care at least 50% of the time)
- ✓ Physician, Surgeon or Physician's Assistant (Providing direct care at least 50% of the time)
- Nurse Manager, CNOIC/NCOIC, Element Leader, Flight Commander, Division Officer / Department Head
- ✓ Medical Support Assistant/ Unit Clerk
- Case Management & Care Coordination
- Other Advanced Practice Nurse (e.g. CNS or CRNA)
- Other, I provide direct patient care Less than 50% of the time (Due to non-patient care responsibilities or as a part time employee)
- Administrative Only (Section Supervisor, Senior Nurse Executive, Deputy Chief Nurse, Director of Nursing Services, Chief Nursing Officer, Director (non-nursing directorate)Training, Operations, Education, Non-Patient Care Area)

Where is the study taking place?



Locations

- Brooke Army Medical Center*
- 59th Medical Wing / Wilford Hall Ambulatory Surgical Center
- Womack Army Medical Center*
- Naval Hospital Jacksonville
- As of 25MAR2020 we have 413 completed surveys

^{*} We have 2016 comparison data for these MTFs

Key Takeaways



- Proactive, systematic, and evidence-based surveillance is important!
- The context in which healthcare is provided is vitally important and can influence staff, organizational, and patient outcomes.
- Potentially preventable loss may be more informative than intent to leave as a workforce measure.

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- Dr. Lori Loan**
- Mr. Matt Fifolt **
- Dr. Peng Li **
- Dr./COL (R) Breckenridge-Sproat
- Ms. Judy Orina
- ** University of Alabama at Birmingham



But wait! There's more!

Principal Investigator: Dr. COL(R) Patricia Patrician



- Study Title: Longitudinal Comparison of Nurse and Patient Outcomes in Military Hospitals
- Study Location: Secondary data from 23 military treatment facilities (2011 and 2014). University of Alabama at Birmingham School of Nursing.
- Study Purpose: The purpose of this study is to investigate the relationships between the practice environment, nurse staffing, mortality, readmission, and FTR in military hospitals. We also propose to compare these results with a set of civilian hospitals.
- Primary POC: Dr. Patricia Patrician

Source = N16-P08 Annual Report, 2019

Principal Investigator: Dr. COL(R) Patricia Patrician



- Findings: Noteworthy changes from 2011 to 2014.
 - Staffing- Reduction in Total Nursing Care Hours per Patient Day (25.5 to 19.75, p=.01).
 - Practice Environment-Improvement in three subscales, Nursing Foundations for Quality Care (3.01 to 3.10, p<.05), Nurse Manager Ability, Leadership & Support (2.74 to 2.93, p<.05), and Collegial Nurse-Physician Relationships (3.04 to 3.18, p<.05).
 - Job Satisfaction improved, Intent to Leave increased but not to a statistically significant extent. Despite the increase in intent to leave among staff nurses, the losses that were potentially preventable decreased significantly (W= 418.5, p < 0.0001).
 - Inpatient Mortality, Readmission Rates, and Failure to Rescue all decreased but not to a statistically significant extent.

 Source = N16-P08 Annual Report, 2019

Principal Investigator: Dr. COL(R) Patricia Patrician



- Military Significance: Empirical evidence captured in this research may provide the basis for nursing-relevant policy recommendations associated with the MHS Review.
- Implications: The findings add to our understanding of the structure of military nurse staffing, practice environment, nurse outcomes, and patient outcomes across a four-year period.

Source = N16-P08 Annual Report, 2019

Principal Investigator: LTC (Dr.) Leilani Siaki



- Study Title: Nursing Quality Indicators for Military Ambulatory Care: A Pilot Study
- Study Location: Six representative military ambulatory clinics in the Pacific North West.
- Study Purpose: Pilot test selected AAACN nurse-sensitive quality indicators (NSI) in Army, Navy, and Air Force ambulatory care clinics to evaluate scientific acceptability, feasibility, and utility of collecting, monitoring, and reporting these NSI.
- Project director: Ms. Janie E. Bowman

Source = N17-P06 Grant Proposal, 2017

Principal Investigator: LTC (Dr.) Leilani Siaki



- Military Significance: Currently there are no ambulatory care specific NSI for military nurses who care for the over 9.5 million military beneficiaries. These data-driven performance improvement metrics may enable nurses to proactively advance the quality and safety of ambulatory care, where two thirds of the MHS healthcare budget is spent.
- Findings: Preliminary results indicate:
 - a high level of staff enthusiasm and moderate feasibility level collecting metrics from the EMR. Final data analysis is pending
 - Structure metrics are more challenging than process metrics

Source = N17-P06 Grant Proposal, 2017

Principal Investigator: LTC Taylor-Clark



- Study Title: *Active Duty Only vs All Beneficiary Clinics:* Facilitating Injury Recovery.
- Study Location: Secondary data from 2018. University of Alabama at Birmingham School of Nursing.
- Study Purpose: The purpose of this retrospective, cross sectional study is to describe the differences and associations between the two MHS medical home models (Active Duty Only and the All-Beneficiary) that serve Active Duty Service Members, care processes, and profile days.

Source = N20-A03GR Grant Proposal, 2019

Principal Investigator: LTC Taylor-Clark



- Primary POC: LTC Taylor-Clark
- Military Significance: This study will provide empirical evidence to support the TSNRP force health protection research priority and the Army's #1 priority, readiness.
 - This system level analysis could contribute to knowledge development and demonstrate the value of testing interventions for these specific care processes within the medical home.
 - Findings may inform MHS/DHA policy regarding patient centered medical home models.

Source = N20-A03GR Grant Proposal, 2019

Team Lead: LTC Patricia Hodson



- Project Title: Developing an Evidence-Based, Joint Military Nursing Professional Practice Model
- Project Location: Army, Air Force, and Army MTFs and associated units.
- Project Purpose: The purpose of this project is to shape military nursing practice jointly and develop a model that supports high quality nursing care delivery across the three Services.

Source = EBP Grant Project Proposal, 2020

Team Lead: LTC Patricia Hodson



- Primary POC: LTC Patricia Hodson
- Military Significance: The National Defense Authorization Act 702 of 2017 mandates the transfer of the administration of Service-specific Military Treatment Facilities to the Defense Health Agency. This transition created an opportunity to shape military nursing practice jointly and develop a model that supports high quality nursing care delivery across the three Services.

Source = EBP Grant Project Proposal, 2020

Team Lead: LTC Patricia Hodson





"Medically Ready Force...Ready Medical Force"

Principal Investigator: CPT Melissa Miller



- Study Title: *US Army Primary Care: Nursing Practice Environment, Team Performance, & Outcomes*
- Study Location: Secondary Data (Military Health System Safety Culture, Nursing Practice Environment, and Team STEPPS Teamwork Perceptions Surveys from 2016). Rutgers University School of Nursing.
- Study Purpose: The purpose of this study is to examine the relationships among the primary care nursing practice environment, team performance, staff perception of overall safety, and staff nurse job satisfaction with staff nurse intent to leave, as an indicator of potential attrition.

Principal Investigator: CPT Melissa Miller



- Primary POC: CPT Melissa Miller
- Military Significance: This proposed research study will inform military nursing leaders regarding system characteristics that are associated with staff nurse attrition in Army primary care settings.

Source = Dissertation Proposal, 2019

Interested in Nursing Research in the Army Nurse Corps?



- Watch for the Long Term Health Education & Training (LTHET) guidance
- Prepare early
- Engage leadership
- Engage an Army, Navy, Air Force, or Department of Army (DA) Nurse Scientist
- Collaboration is key!



Questions, Comments, Collaboration Ideas?

Please reach out to LTC Swiger and team directly!

DSN 314-590-4832 or

Pauline.a.swiger.mil@mail.mil

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