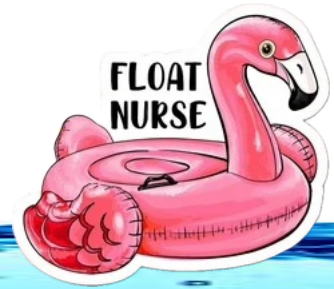


Go with the FLOAT

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Abstract

The U.S. Department of Veterans Affairs (VA) and the Department of Defense (DoD) established a VA/DoD Joint Venture Sharing Agreement at David Grant Medical Center (DGMCC) on Travis AFB in 1994. The VA and DoD collaborate by sharing mutually beneficial resources to improve healthcare efficiency and cost-effectiveness for VA and DoD beneficiaries. Hospital staff include active-duty officers, enlisted, civilians, civilian contractors, and VA employees. Although staff members work together to accomplish the same mission, the hiring conditions of contractors and civilians limit or prevent their ability to work on units to which they are not assigned. Recent deployments throughout every inpatient unit and the Emergency Department (ED) have led to inadequate staff members to maintain bed capacity and patient safety without reallocating staffing resources as the census requires. Since many of the active-duty members are deployed or involved in readiness training, the VA staff members are being asked to provide staffing support to augment staffing on units in which they are unfamiliar due to the length of time since orientation or lack of orientation. VA staff members express concerns with the fair and equitable distribution of float shift rotation, float assignments, and specialty unit cross-training opportunities. Introducing a process improvement project to shift the negative perspective of floating to a more positive career-expanding experience will improve staff morale, enhance organizational stewardship, support a healthy working environment, and improve patient outcomes. Educating charge nurses on the appropriate management of float staff and unit-specific pocket card information will make floating a more positive experience. Once VA staff members are more confident and comfortable with the units to which they are assigned, the benefits to staff, the organization, and patients are countless. Utilizing the Plan, Do, Study, Act (PDSA) process improvement method, we will prepare our nurses to Go with the FLOAT: Follow, Learn, Observe, Act, and Transform to create and develop innovations to improve VA/DoD healthcare.

VA/DoD Joint Venture



The Department of Veterans Affairs (VA) and Department of Defense (DoD) are congressionally mandated under the *Veterans' Administration and Department of Defense Health Resources Sharing and Emergency Operations Act*, Public Law 97-174 (1982), to collaborate and share mutually beneficial resources to improve efficiency, cost, and effectiveness of healthcare.



Figure 1. VA/DoD Medical Sharing Office. (2021). Adapted from: https://www.va.gov/VADODHEALTH/Medical_Sharing.asp

VA/DoD Joint Venture Sharing Agreement

David Grant Medical Center
(DGMC)
Travis Air Force Base
est. 1994



Figure 2. David Grant Medical Center. (2014). Retrieved: <https://www.travis.af.mil/News/Photos/igphoto/2000547560/>

Joint Strategic Plan Fiscal Years 2022-2027



MISSION

The mission of the VA-DoD Joint Executive Committee is to enhance the overall social, physical, emotional, mental health and well-being of Service members, Veterans, and their eligible beneficiaries throughout the duration of their life cycle journey.



VISION

Provide an efficient, effective, and quality health care, transition, and benefits experience through enhanced coordination and shared resources, with a commitment to interoperability, accountability, collaborative growth, and long-term stewardship.



STRATEGIC GOALS

The VA-DoD mission and vision statements merge the values of both Departments to serve a common set of beneficiaries, while still supporting the needs of each unique organization. VA and DoD have established five strategic goals that provide a long-term strategic approach to accomplishing the Joint Executive Committee mission and vision.

Goal 1 – Health Care Collaboration – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the two Departments.

Goal 2 – Integrate Benefits and Services Delivery – Deliver comprehensive benefits and services through an integrated beneficiary-centric approach that anticipates and addresses the needs of stakeholders, provides excellent customer service, and is transparent.

Goal 3 – Enhance the Transition and Post-Separation Experience – Provide a comprehensive, holistic, timely and personalized approach to ensure transitioning Service members and Veterans have access to the highest quality care, benefits programs, job training, and post-service placement services at the right time in their transition.

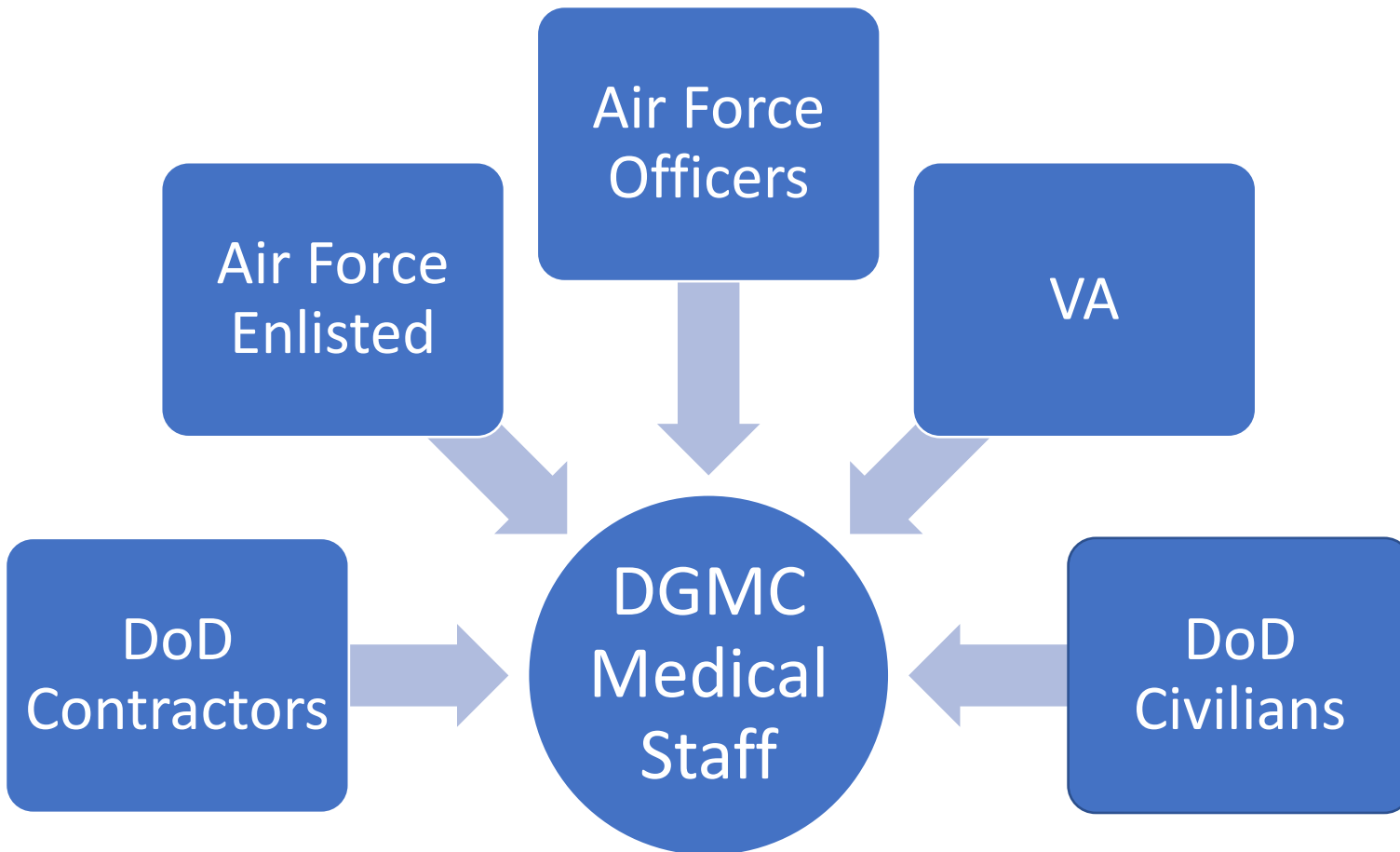
Goal 4 – Modernize Shared Business Operations – Remove barriers to effective and efficient delivery of services through proactive joint planning and execution, innovative technology solutions, and a commitment to financial stewardship.

Goal 5 – Strengthen Interoperability and Partnership – Strengthen and expand cross-agency and public-private partnerships to improve data interoperability, shape policy, facilitate data-driven decisions, and enable a seamless experience for beneficiaries.

Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the two Departments.

Figure 3. U.S. Department of Defense. (2021). *Joint strategic plan: Fiscal Years 2022-2027*. Joint Executive Committee. Adapted from: https://prhome.defense.gov/Portals/52/Documents/JEC%20Joint%20Strategic%20Plan%202022-2027_FINAL_Unsigned.pdf

Current Problem: Increased VA Float Staff Demands



- Temporarily reduced staffing at hospital due to:
 - ❖ Deployments
 - ❖ Readiness Training
 - ❖ Call-outs
- Officers, Enlisted, and VA staff can float or cross-train to other units.
- Hiring conditions determine if specific DoD civilians or DoD contractors can work on other units.
- Less available Air Force staff and hiring condition limitations on civilian staff, have created the need for more VA staff to float.

Existing Policy: Plan for Staffing Variations

Who can float?

MDG Instruction 46-12, *Plan For Staffing Variations*

- Float personnel will be identified in advance to accomplish orientation
- Hiring conditions POC: unit Flight Commanders
- VA staff may float to other units to temporarily cover shortages
- Nurse Supervisor coordinates float personnel with Charge nurse

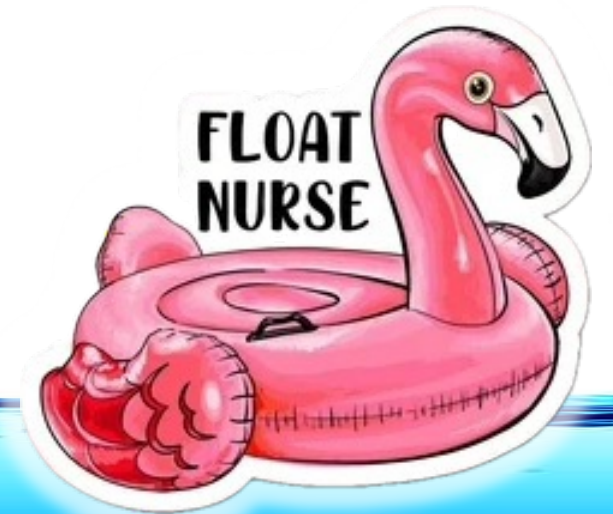


Existing Policy: Plan for Staffing Variations

What Training is Required to Float?

MDGI 46-12, *Plan For Staffing Variations*

- Clinical Level (CN) II on home unit and will function as CN II on receiving unit
- Cross-Utilization to ICU or ED requires documented training/experience if PRIMARY nurse
- Orientation developed by Flight Commander (or designee) and validated by SGN



Current Problem: VA Float Staff Concerns

Orientation

- Extended time between orientation to float shifts
- Inconsistent float orientation
- Unfamiliar with Environment of Care (EoC)

Charge RN Management of VA Float Staff

- Fair rotation of AD vs. VA float staff
- Cross-training opportunities
- Patient assignment

Limited VA Specialty Area Orientation

- Emergency Department (ED)
- Intermediate Care Unit (IMCU)
- Joint Inpatient Mental Health Unit (JIMHU)



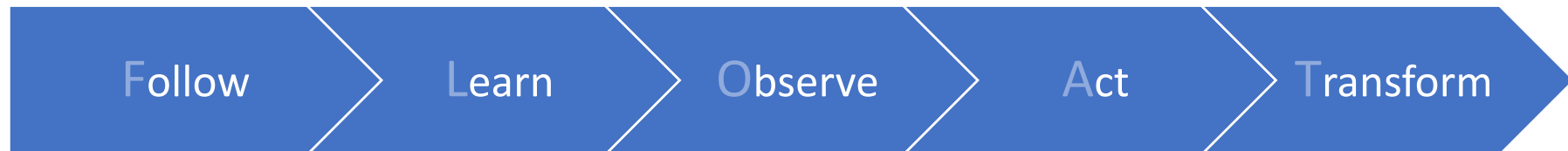
Overcome Challenges: Provide Knowledge and Tools

- **Explain the “Why”**

- Share VA/DoD strategic goals
- Reinforce floating/cross-training aligns with Functional Statement and Nurse II Dimensions
- Explain QIP initiative rationale and seek leadership feedback
- Introduce “Go With The FLOAT” to help view floating as an opportunity rather than a burden

- **Provide Resources to Support Staff**

- Add helpful information to a pocket card: printer names, phone numbers, mealtimes, supply/med room codes, and other FAQs.
- Provide education and mentorship for charge RNs to manage float/cross-trained staff
- Identify process for float RN to seek help when needed. Encourage float RN to resolve problems at the lowest level so everyone on the team can learn from one another. Float RN should start with unit resource person, float unit Charge RN, home unit Charge RN or Nursing Supervisor before escalating staffing issues to leadership.

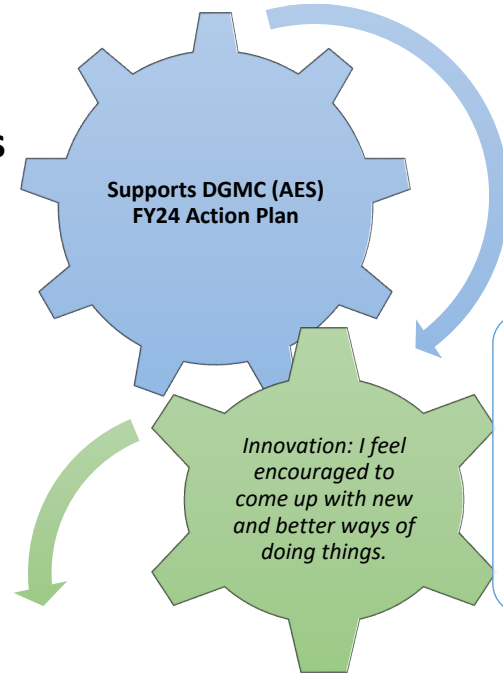


Go With The F L O A T

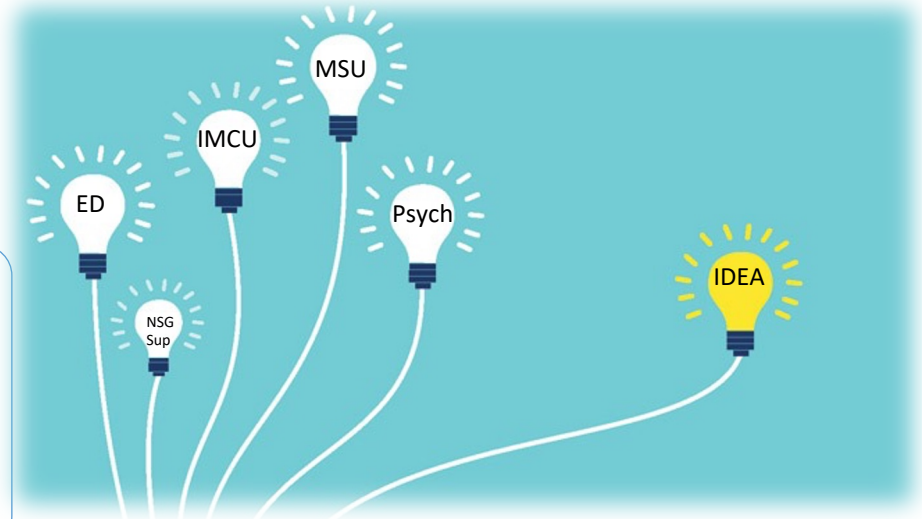
Overcome Challenges: Explain the "Why"

VA Float and Cross-Training Aligns with Nurse II Functional Statement and Nurse II Dimension Requirements

- Practice
 - Practice
 - Ethics
 - Resource Utilization
- Professional development
 - Education/Career development
 - Performance
- Collaboration
 - Collaboration
 - Collegiality
- Scientific Inquiry
 - Quality of care
 - Research



• **FLOATing** provides opportunity to discover Quality Improvement (QI) projects and potential Evidence-Based Practice (EBP) research projects



Go With The F L O A T

Overcome Challenges: Explain the “Why”

VA Float and Cross-Training Aligns with VA “I CARE” Core Values

- **Integrity**
 - Act with high moral principal
 - Adhere to the highest professional standards
 - Maintain the trust and confidence
- **Commitment**
 - Serve veterans and other beneficiaries
 - Belief in VA’s mission
 - Fulfil individual and organizational responsibilities
- **Advocacy**
 - Veteran-centric care
 - Advance the interests of Veterans and other beneficiaries.
- **Respect**
 - Treat all with dignity and respect
- **Excellence**
 - Strive for highest quality and continuous improvement.
 - Thoughtful and decisive in leadership
 - Accountable
 - Admit and correct mistakes (VA, 2023a).



Figure 6. U.S. Department of Veterans Affairs. (2023). Caught you I caring. Employee Recognition. Retrieved from: <https://www.va.gov/kansas-city-health-care/programs/caught-you-i-care-ing-employee-recognition/>


Process Improvement Innovation: Option 1

Unit Float Orientation Process Improvement


1. Flight Commanders provide list to Charge RN and Nurse Supervisor of available float staff and staff requiring float orientation.



2. Nursing Supervisor coordinates with Charge RNs for float orientation opportunities as staffing allows.



3. Complete float orientation and EoC checklist during float orientation shift.



4. RN oriented to provide direct patient care

Process Improvement Innovation: Option 2

Unit Float Orientation Process Improvement

1. Flight Commanders ensure all Charge RNs have management of float staff education and provide list to Charge RN and Nurse Supervisor of available float staff and staff requiring orientation.

Identify staff eligible for cross-training to specialty units.

2. Introduce "Go with the FLOAT" initiative. Float RN completes survey: assessment of strengths, limitations, fears, preferred unit, and VA/AD preceptor preference.

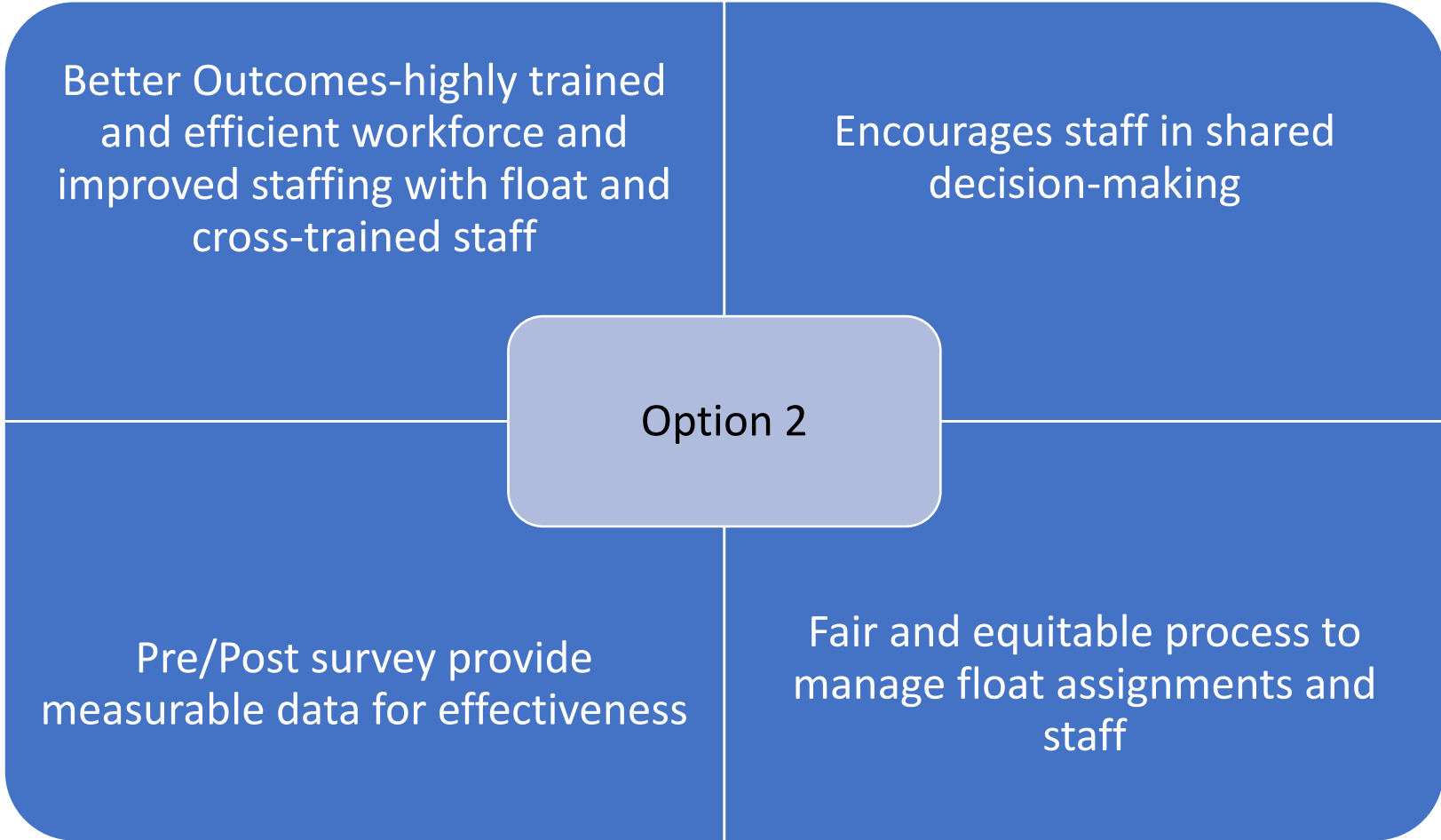
3. Nursing Supervisor coordinates with Charge RNs for orientation opportunities or cross training as staffing allows.

Units ensure process in place to distribute float and cross-training opportunities in fair and equitable manner. Nurse Supervisor serves as resource and mentor to Charge RNs who manage float staff.

4. Orientation: Provide Go with the FLOAT tip sheet to float RN Complete Unit and EoC Checklist.

5. RN completes post Go with the FLOAT assessment survey after float orientation.

Selection of Preferred Course of Action



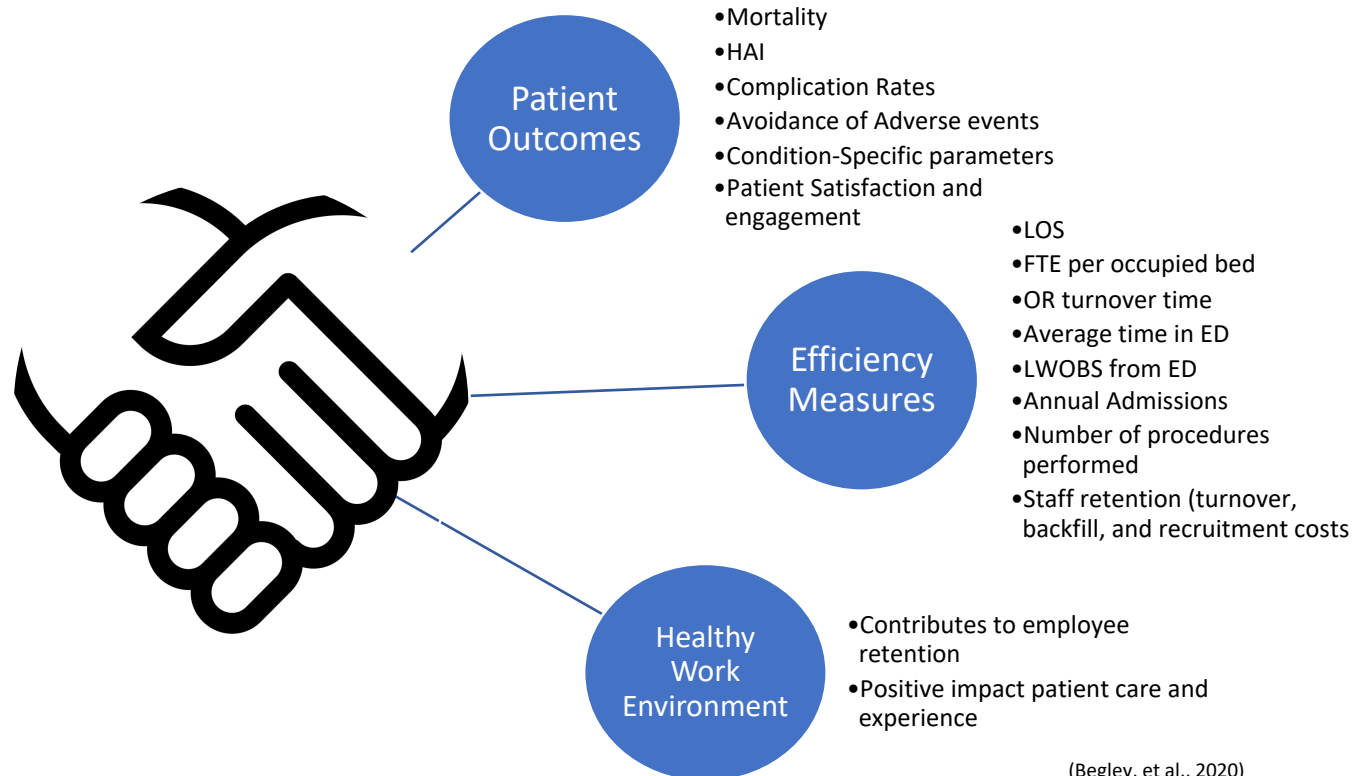
Challenges to Implementation



Considerations: Safety and Cost

Human and Fiscal Costs

Impact of Appropriate Nurse Staffing on Outcomes



(Begley, et al., 2020)

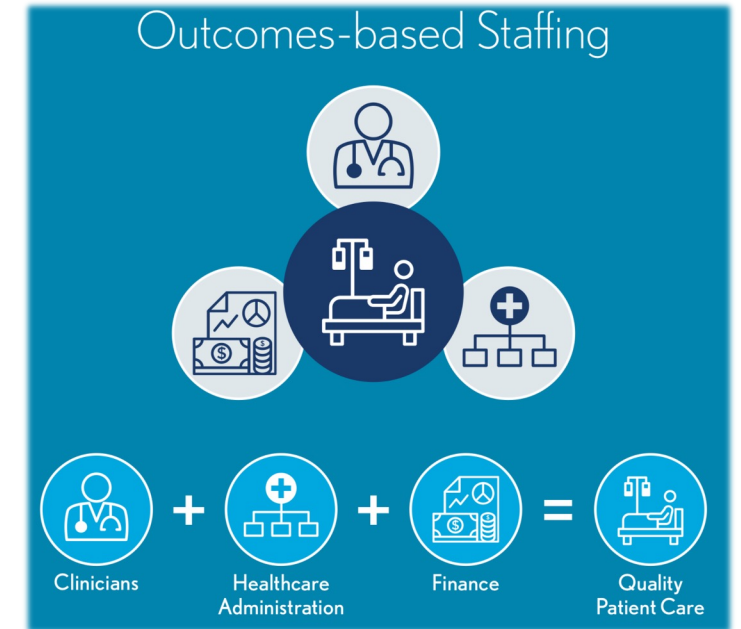


Figure 4. Begley, R., Cipriano, P., & Nelson, T., (2020). The business of caring: Promoting optimal allocation of nursing resources. Healthcare Financial Management Association. <https://cdn2.hubspot.net/hubfs/4850206/219800%20Nursing%20Allocation%20Report%20for%20EP/Nursing%20Allocation%20Report.pdf>

Analysis of Options: Leadership Support

VA Health Care Priorities

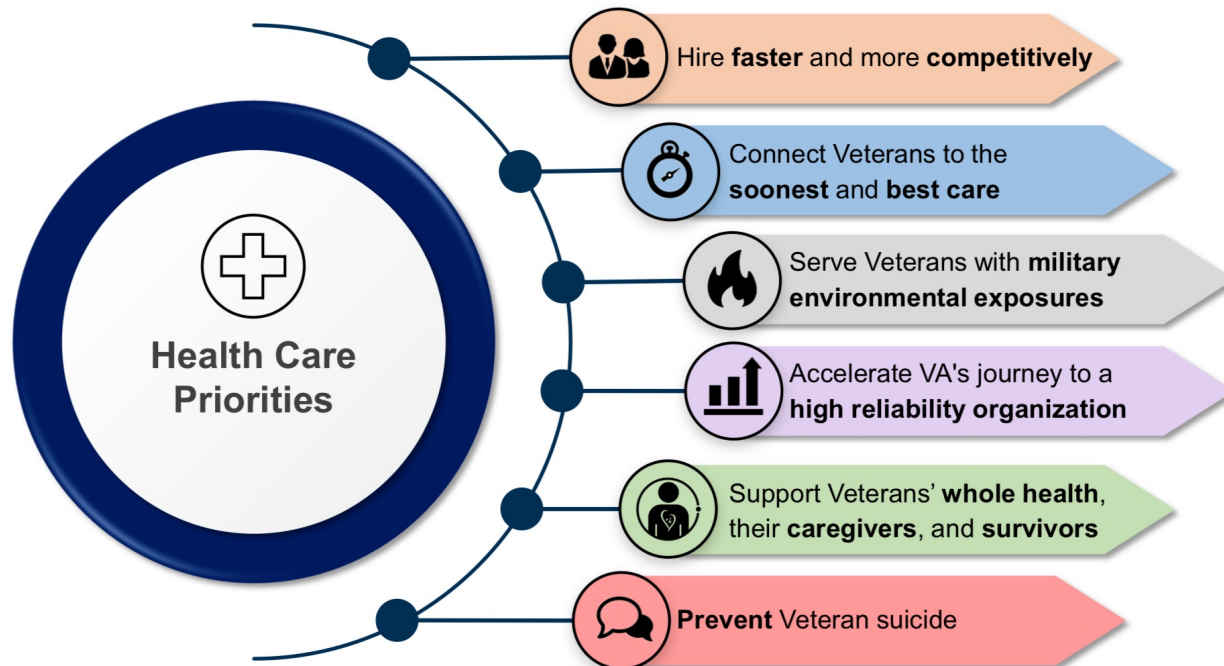


Figure 5. U.S. Department of Veterans Affairs. (2023b). VA health care priorities. Introduction to VA Healthcare Priorities: Priority to Action. Retrieved from https://www.patientcare.va.gov/PA/docs/National_Chief_Staffs_Introduction_VA_Health_Care_Priorities.pdf

Go with the FLOAT supports VA's "Top Six" Health Care Priorities

Hire faster and more competitively: Retain, invest in, and support our people.

- Retention of VA staff members by increasing staff satisfaction and support by improving float experience and supporting cross-training.

Connect Veterans to the soonest and best care: Scale best practices and drive innovation.

- Ensure continued access to high quality care at DGMC despite operational mission requirements of AD members.
- Maximize allocation of staffing resources by float/cross-training promotes efficiency of healthcare delivery.
- Appropriately trained staff improves outcomes and experiences for veterans and staff.

Accelerate VA's Journey to a High Reliability Organization (HRO)

- Deepen culture of shared ownership, accountability, stewardship, and collaboration.
- Ensures dedicated, fully trained VA staff provide safe care.
- Fewer errors in high risk environments
- Maximize safety and minimize harm.

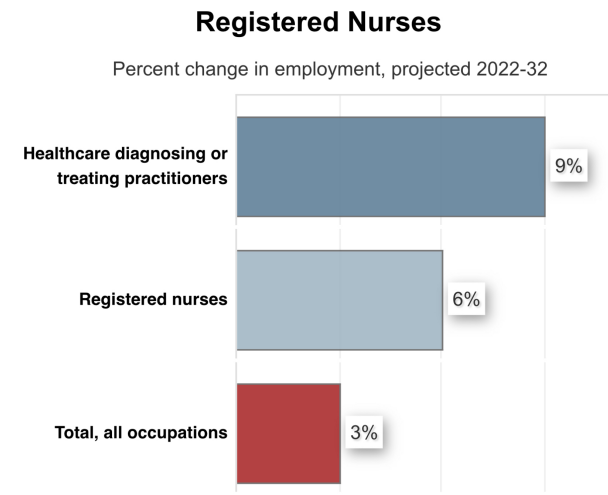
Unintended Consequences

Staff Retention

- Staff may still have reluctance to float or cross train.
- Potential loss of staff due to ongoing dissatisfaction with float expectations and experiences.
- Staff may leave DGMC, creating greater staffing problem when RN job outlook already projects faster than average employment growth.

U.S Bureau of Labor Statistics (2023) Job Outlook Data

- RN employment is projected to grow 6 % from 2022-2032, faster than the average for all other occupations.



Note: All Occupations includes all occupations in the U.S. Economy.

Figure 7. U.S. Bureau of Labor Statistics. (2023). Job outlook. Occupational Outlook Handbook. Retrieved from: <https://www.bls.gov/ooh/healthcare/registered-nurses.htm#tab-6>

Solutions to Challenges:

Create a Healthy Work Environment

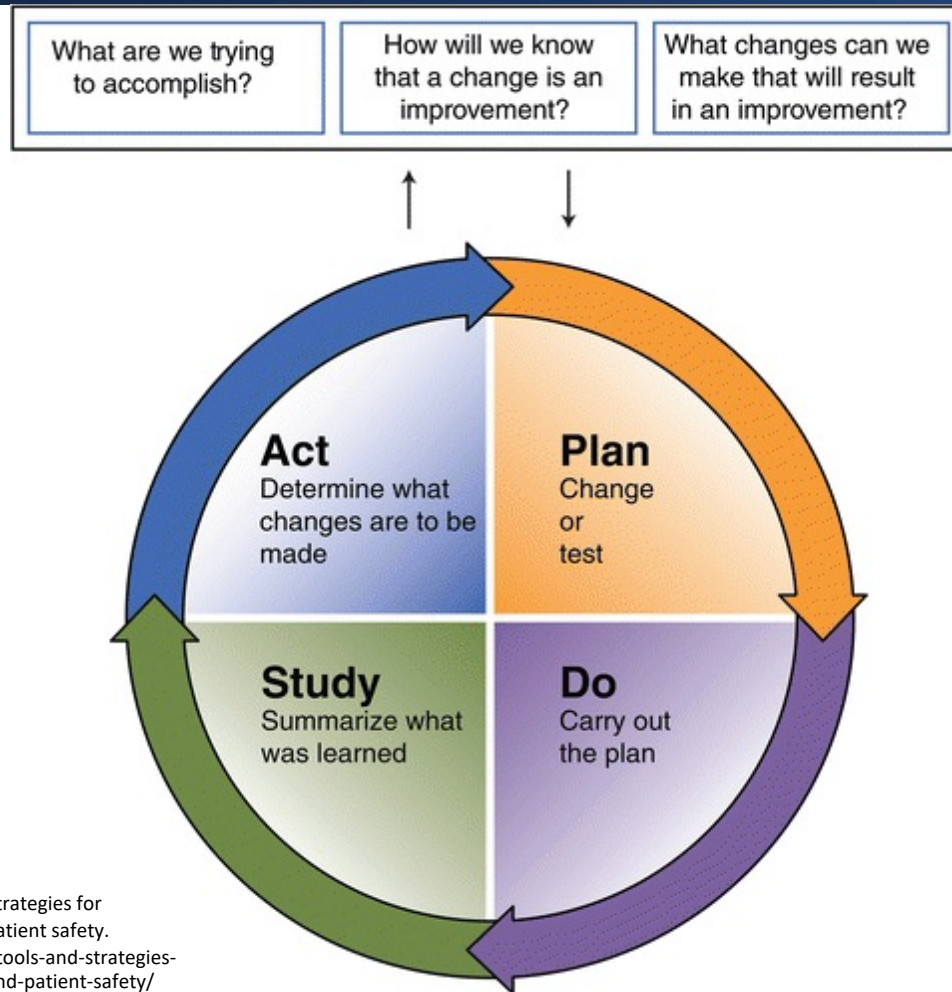
- Conduct AACN free assessment of unit and find evidence-based resources to build and sustain a HWE.
- Better RN staffing and retention
- Less moral distress
- Lower rates of workplace violence

(AACN, 2023)



Figure 8. American Association of Critical Care Nurses.(2023). Healthy work environments. The Standards. Retrieved from: <https://www.aacn.org/nursing-excellence/healthy-work-environments>

Measuring Success



- ✓ Plan: Develop plan to address areas targeted for improvement.
- ✓ Do: Implement the plan
- ✓ Study: Summarize key findings. Analyze pre/post survey data. Compare retention rates, outcome measures, and overtime usage.
- ✓ Act: Determine what changes need to be made to improve patient outcomes, staff retention, and organizational stewardship through float and cross-training process improvement.

Questions



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