Participant Quotations: Data Applications

Quotation ID (Q#)	Participant Level	Quotation
Quality Improvement		
A1	Service	"I am on the Infection Control Task Force, where we . . . look at different things that we can put in place to help decrease our hospital-acquired infections."
A2	Network	"If we're having issues with staffing, . . . do we have adverse outcomes? And so then also looking at like some of the data that's put in IPEC, like with hospital acquired infections, pressure ulcers, you know, do we have the staffing, like to turn patients? Are we following the . . . things that we need to do, because the data kind of helps us to try to determine that, . . ., and then do we need to change some of our practices in order to have better outcomes?"
A3	Unit	"But it would allow me to track my trends to see . . ., how many Foleys I had or . . . how many bundles are truly being completed. And to just be able to manage that staff better to see where deficiencies are, and to better plan for supplies or things like that."
Organizational Learning		
A4	Service	"What I do in my care line specifically, is I have a dashboard that we use. . . . if we know areas that may be doing well, we share those best evidence-based practices . . . for improvement. . . . So there are times where I am just meeting with the Nurse Executive Group or the nurse leaders in the hospital and we're talking about those different data trends. There are times that I meet with the Care Line Executives, and that's our physician partnerships. . . ., I also sit on the Inpatient Steering Committee and . . . we're looking at things such as length of stay, infection rates . . ., and we sometimes cross-reference that information with other care lines to see kind of how well we're doing . . . "
A5	Service	"There have been times, from like a patient experience standpoint, that I meet with Dr. [name], she is our analytics—she works in the Chief of Staff Office and she provides data trends of how other VAs may be doing in comparison to us, as it relates to different metrics that we have for patient experience. And she gives us that guidance. I'm also able to reach out to other VAs to see how well they're doing and if they're doing

		well, how can we adapt some of their processes . . . ”
A6	Network	“ . . . the lessons learned and the actions and the root causes are shared throughout, not only the facility but the VISN and even nationally so that everyone else can learn from that and hopefully put into place those same kind of measures if they don’t already have them. . . . If somebody fell and had a major injury such as a hip fracture, that—that would be a warrant for an RCA, a root cause analysis. So many of the Root Cause Analysis teams will look at the data related to falls within their facility, within their VISN, across the nation, and even outside of the VA to see what are things that are being done, evidence-based practice wise to help mitigate falls in general. And using those kinds of datapoints will help them determine what might . . . prevent it from happening again.”
A7	Facility	“One major goal from the nursing side of the house is to really build a strong evidence-based practice research model. . . ., the [VA] typically works very closely with their academic partners to facilitate curriculum development and the goals with the academic partners. And we often times may not really take advantage of the research initiatives that we have partnered with the students and the graduate students, right? And so I’d like to see us corral that back, pull the data from that work back in and use that work as a platform for developing next steps, you know? ”
A8	Network	“So we use some locally adapted tools . . . . to populate our, the national database of nursing quality indicators so that we can compare ourselves with facilities across the state, and also academic teaching facilities across the nation.”
A9	Facility	“ . . ., are we the only [ED] in the world deciding . . . to consider staffing at 110 or 120% for those really key critical areas that are one, very specialized, so they’re not easy to just kind of float people in and out to, they’re not easy to recruit for. . . . what do you need to make sure that those areas can effectively operate?”
Organizational Monitoring and Support		
A10	National	“So, that’s a type of dialogue that we have and we offer that virtual consultation to the leadership team. . . . We really did take a look at the MCAO *[Managerial Cost Accounting Office]* data. . . . at patient hours per day. Looking at the skill mix, looking at the vacancy rate. Consulting with them on the utilization of staff. . . . about recruitment, what their hiring plan

		is, do they need any assistance in expediting hiring? And shortening onboarding time. So that means working with their nurse recruiter, their HR staff, any type of support that we can offer that way."
A11	Network	"My responsibility to the network director is to make sure that we're appropriately staffed . . ., and it's just talking to that nurse exec about what the issues are, what the barriers are, . . . looking at patient outcomes, and if we're seeing, like, increase in falls. . . . I can be an advocate for that nurse exec, so that way they can get what they actually need, . . ., because of what my role is in the VISN to the Network Director, so the Network Director can understand it and work with the Director at the facility."
A12	Service	"Nurse Leadership Council. That's just a shift governance council that filters up decisions from the frontline staff up to Nurse Executives, . . ., to make final decisions for nursing practice."

Participant Quotations: Data Challenges

Quotation ID (Q#)	Participant Level	Quotation
Fragmentation		
C1	Network	"And the facilities already had varying different softwares that they were utilizing and very beholden to, if you will. They had a lot invested in them, in terms of data input, as well as funds. . . . Most recently, they've provided a relief for facilities that would like to purchase AcuStaf, but still our facilities that have had long relationships with various softwares, not interested in standardizing. We revisited that within the last year, so that would really help me, at this level, to be able to see more real-time data as far as where they pull, from one unit to the other."
C2	Facility	" . . . I just feel like it's very—the data is very segregated, so you have to go to the data warehouse to look at this, and you have to go to VSSC *[VHA Support Service Center; a VA data repository]* to look at this, and you might find this in Pyramid. And so, first you have to find it. Then you have to try to pull out all the different factors that you want to look at, and then you have to try to figure out the relationship between all of those things."
C3	Facility	"It would be nice to simply have one place where all of the information, let's say related to staffing, is housed. And everything that you need related to staffing is in that one database and you don't have to go and make sure that the other few databases, that the information is consistent, that it doesn't have a lot of different variables between the data, and all of that."
C4	National	"So right now we're working on to make sure the data definitions are the same. So for instance retirement when we're looking at staffing and we're looking at eligible retirement, ... you could get all eligible, or you could get eligible who are over the age of 55. . . . And someone will say, oh this is retirement data. And then I pull it and you pull it and the numbers are different, but they're different because the data definitions have been different based on the source that you pulled."
Data Are Unavailable or Unsuitable to User Need		
C5	National	"And nurses frequently can get floated from one clinical area to another. And they are not necessarily captured, if it's not manually done on our current system. And I will tell you as a ADPCS, or a nurse manager, if I'm busy really trying to manage

		COVID patients in today's pandemic, I don't have time to go in and manually make those changes. I really need to be doing more crisis management, or making sure that Veteran care needs are being met and staff are allocated the correct way."
Lack of Knowledge About Available Data		
C6	Service	"So some kind of more—you know, a VSSC dummies book? To show how to use. Because you know, everything's electronic. There's got to be mountains of data that we could use. But we just don't really know where or how to get to it, is part of my problem. . . ., we resort to doing things manually, and it takes 10 times longer."
C7	Unit	"I wish there was like a Data for Dummies 101, for like, where to find it. Like, when you first start. When you're first starting as a manager and they're like—Hey, can you find A, B, and C. And it takes you like three days to figure out who to ask to find this, how to get access to it, which report to look at, how to view it. . . . I remember when I first started, I think I was like—I don't know, a month in. And someone said—Have you done your reports yet for this month? And I kind of just, like—deer in headlights. I was like—What are you talking about?"
Lack of Timely Reporting		
C8	Facility	"And then the data isn't always real-time, either. You know, sometimes what we receive is so—it provides such a retrospective look. You know, sometimes that's challenging also, because if we're trying to make change, based on the data, the new data we received is actually still the old data from six months ago, so it doesn't really help us figure out if what we're doing is moving us in the right direction."
C9	Unit	"Here, the way incident reports work, somebody puts in—I call them incident reports, it's JPSR *[Joint Patient Safety Reporting, a VA patient safety incident reporting system]*. But when somebody puts one in, we don't see it. The manager doesn't see it. It goes somewhere high in administration and then it goes down to your Chief, and they give it to you. And I'm used to being able to go in first thing in the morning after making rounds to see—Was there an issue during the night? So that I knew, and when people asked me, I had already had time to ask about it. You know, what happened? Patient okay? And to review the chart. But the way it's set up here is, we're—it goes through different hands three or four times, and then we investigate it."