

STAFFING METHODOLOGY FOR VHA NURSING PERSONNEL

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive states policy and principles that all Department of Veterans Affairs (VA) medical facilities must follow to determine appropriate levels of nursing staff (numbers and types).

2. SUMMARY OF MAJOR CHANGES: Major changes include:

a. Clarifying the requirement to determine access points and contingency plan for surge capacity and meet target Nursing Hours Per Patient Day. Patient surge capacity planning is required to meet nursing care demand during an unexpected patient volume increase (see paragraph 2.d.).

b. Removing appendices and placing them on the Office of Nursing Services (ONS) Staffing Methodology for VA Nursing Personnel website at <https://dvagov.sharepoint.com/sites/vaonsworkforce/SitePages/StaffingMethodology.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

3. RELATED ISSUES: VHA Handbook 1101.10(1), Patient Aligned Care Team (PACT) Handbook, dated February 5, 2014.

4. RESPONSIBLE OFFICE: The Office of Nursing Services (12NUR) is responsible for the content of this directive. Questions may be addressed to 202-461-6700 or the VHA ONS Staffing Methodology Steering Committee at VHAONSStaffingMethodologyWorkgroup@va.gov.

5. RESCISSIONS: VHA Directive 1351, Staffing Methodology for VHA Nursing Personnel, dated December 20, 2017, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of January 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

January 18, 2023

VHA DIRECTIVE 1351

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ M. Christopher Saslo
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Assistant Under Secretary for Health
for Patient Care Services/CNO

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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STAFFING METHODOLOGY FOR VHA NURSING PERSONNEL

1. PURPOSE

This Veterans Health Administration (VHA) directive states policy regarding a nationally standardized methodology for determining appropriate direct care staffing for Department of Veterans Affairs (VA) nursing personnel. Nurse staffing in Patient Aligned Care Teams follows VHA Handbook 1101.10(1), Patient Aligned Care Team (PACT) Handbook, dated February 5, 2014. **AUTHORITY:** 38 U.S.C. § 7301(b).

2. BACKGROUND

a. VA provides high-quality health care to Veterans. Given VHA's mission and structure; workforce, recruitment and availability of highly qualified nursing staff; and requirements related to accreditation, VHA must have a reliable and reproducible method to forecast and budget nurse staffing needs based on the patient population, physical plant and support staffing.

b. Staffing decisions require the use of research and other sources of evidence, professional judgement, critical thinking and flexibility. The methodology outlined in this directive combines available evidence with staffing standards from professional nursing organizations, established staffing models and strategic directions to provide budget forecasting information to ensure appropriate staffing levels based on the level of care for Veterans.

c. Staffing needs are individualized to specific clinical settings and cannot rely solely on ranges and fixed staffing models, staff-to-patient ratios or prescribed patient formulas. The staffing methodology referenced in this directive requires the systematic collection of a minimum set of core data and unit-based operations assessments to support staffing decisions. Professional nursing organizations' staffing standards and recommendations provide the basis for the tools developed by the Office of Nursing Services (ONS) to support the staffing methodology process. **NOTE:** *For more information about these tools, see <https://dva.gov.sharepoint.com/sites/vaonsworkforce/SitePages/StaffingMethodology.aspx>. This is an internal VA website that is not available to the public.*

d. Patient access for inpatient, residential and outpatient settings must be the primary consideration in the development of nurse staffing models for all patient care settings. Access points include:

(1) **Average Daily Census.** The average number of inpatients/residents during the year.

(2) **Operating Capacity.** The maximum number of beds the VA medical facility is authorized for patient/resident care.

(3) **Percentage of Bed Capacity.** A percentage of the maximum number of beds the VA medical facility is authorized for patient/resident care.

(4) Factors influencing daily staffing adequacy must be considered when determining appropriate access points in the staffing methodology process. Average daily operating capacity versus maximum and minimum operating capacity can assist VA medical facilities as they determine a proper access point during annual budget planning. If Average Daily Census (ADC) is used to determine staffing adequacy, a plan must be in place to ensure the Nursing Hours Per Patient Day (NHPPD) is met consistently when patient volume surges occur. If census significantly falls below planned bed capacity, VA medical facilities must evaluate and reallocate nursing personnel resources, ensuring adherence to minimum staffing standards to maintain appropriate staffing levels for safe and effective nursing care.

e. Nursing sensitive/quality indicators in a variety of VA and non-VA comparative databases are used to guide recommendations and may influence budget staffing decisions. For example, the Resident Assessment Instrument Minimum Data Set is used in long-term care facilities nationwide to assist in planning care and monitoring quality data. Information management systems continue to grow in sophistication to support the development of standardized data for health care providers in varied care settings. The intent is to use standardized information data management strategies to analyze the relationships among staffing numbers, skill mix, care delivery models and patient outcomes for multiple points of care and determine staff budget plans that support high-quality patient and resident care. In addition, the core drivers for nurse staffing budget consideration are patient population, support services available/not available, the physical plant efficiency/inefficiencies and experience of the nurse.

f. For additional resources on the staffing methodology process, see <https://dvagov.sharepoint.com/sites/vaonsworkforce/SitePages/StaffingMethodology.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.* Staffing requirements determined through this methodology support a standardized approach to ensuring appropriate nursing personnel across the organization. VA medical facilities utilize tools provided by ONS as they continue to be evaluated and deployed.

3. DEFINITIONS

a. **Direct Care.** Direct care is patient/resident-centered nursing activities performed by staff assigned to the unit in the presence of the patient, resident, family or caregiver, and patient/resident-related activities that occur away from the patient/resident. Examples include, but are not limited to, nursing assessment; planning, treatment and preparation time; medication orders and administration; nursing rounds; admission, transfer and discharge activities; support of procedures on inpatient units or in designated outpatient areas; patient or resident teaching; patient or resident communication; coordination of patient or resident care; and evaluation of patient responses to care, treatment and documentation. **NOTE:** *By contrast, indirect care is patient/resident related activities not related to direct care, performed by staff assigned to the unit. Indirect staff provides a service to the unit, not directly to patients. Examples include Nurse Managers and Monitor Technicians.*

b. **Nursing Hours Per Patient Day.** NHPPD is the total number of nursing hours of

care available in a 24-hour period divided by the number of patients. NHPPD is a nurse staffing ratio and can be proportioned by skill mix and shift distribution.

c. **Nursing Sensitive/Quality Indicators.** Nursing sensitive/quality indicators are metrics that measure care processes or associated outcomes most affected by nursing care. Researchers have developed the indicator definitions based on the aim of detecting clear linkages between nursing interventions, staffing levels and patient outcomes, including the patient's perception of the health care experience. Nursing sensitive/quality indicators are measured and monitored to determine and quantify a relationship between nurse staffing levels, skill mix and patient outcomes.

d. **Points of Care.** Points of care are the locations where patient or resident health services are provided. Location-specific care delivery can also be described and quantified in nomenclature for specific treating specialties. Examples include inpatient units, ambulatory clinics, specialty treatment and diagnostic areas, Community Living Centers, Spinal Cord Injury/Disorder, home care, residential treatment and telehealth media such as secure messaging, telephone or videoconferencing.

e. **Relative Value Unit.** A Relative Value Unit (RVU) is a service measure used by VA medical facilities to compare the number of resources required to perform multiple services within a single department or between departments. It is determined by assigning weight to such factors as personnel time, level of skill and sophistication of equipment required to deliver patient services.

f. **Replacement Factor.** The replacement factor is an estimated forecast of staff replacement to ensure nurse staffing targets are consistently met. The replacement factor calculates the percentage of time staff is away from the unit not performing direct patient care duties such as, but not limited to, sick leave, annual leave, leave without pay, military leave, union steward official time, continuing education and committee work.

g. **Staffing Methodology.** Staffing methodology is a budgeting and forecasting process used to determine resource requirements to provide safe, effective, quality care at various points of care. It is based on an analysis of multiple variables, including Veteran care needs, environmental factors, organizational supports, trends in performance metrics and professional judgment.

h. **Staffing Plan.** A staffing plan is a document that provides recommendations from both the Unit-Based and Facility Expert Panels at the VA medical facility, representing their respective clinical sections, and combines all unit-level staffing plans into one VA medical facility-wide staffing plan. The staffing plan is the result of the required staffing methodology process which includes review of previous staffing plans to determine Full Time Equivalent (FTE) employment requirements. It includes recommendations and justifications for personnel and workload, resource allocations and enterprise/unit/process improvement opportunities, while identifying potential barriers to implementation, local system/unit-level expectations and expected outcomes. The staffing plan is used to forecast nurse staffing and is reviewed during the VA medical

facility annual budget planning. **NOTE:** For further information on Facility Expert Panels, see paragraph 5.j. For further information on Unit-Based Expert Panels, see paragraph 5.m.

i. **Staffing and Scheduling Management Solutions.** Staffing and scheduling management solutions are electronic or paper-based solutions that include, at a minimum, the ability to schedule staff by VA medical facility, service and unit. These may include processes by which staffing adjustments are recommended at the VA medical facility, service and unit levels based on NHPPD.

j. **Target Census.** Target census is the number of patient beds (occupied/unoccupied) used to forecast the number of productive FTEs to budget and determine number of NHPPD for the unit (e.g., ADC, total unit bed capacity, percentage of bed capacity or a set number of beds).

k. **Target Workload Hours.** Target workload hours are the goal workload hours to provide the appropriate level of care to the target patient population daily (e.g., NHPPD, Nursing Hours Per Patient Visit, operational hours, length of stay).

4. POLICY

It is VHA policy that each VA medical facility use a nationally standardized staffing methodology to plan a nursing personnel staffing budget to ensure the availability of an appropriate nursing workforce.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer (CNO) is responsible for supporting ONS with the implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. Executive Director, Office of Nursing Services/Deputy Chief Nursing Officer.

The Executive Director, ONS/Deputy CNO is responsible for:

(1) Providing oversight for the VISN and VA medical facility compliance with this directive and ensuring action is taken when non-compliance is identified.

(2) Coordinating with the VHA Chief Nursing Informatics Officer (CNIO) to support the development and maintenance of standardized information data management, reports and analyses of the relationships among staffing levels, skill mix, care delivery models and patient or resident outcomes for multiple points of care.

e. Office of Nursing Services, Director, Workforce and Leadership. The ONS, Director, Workforce and Leadership is responsible for:

(1) Providing oversight for the ongoing development and implementation of a standardized, evidence-based approach to the staffing methodology that maximizes efficiency of nursing personnel.

(2) Collaborating with internal and external stakeholders to assess trends in workforce and workload measurement systems to identify and implement additional metrics, information systems and outcome measures.

(3) Providing resources for expert consultation to assist VISNs and VA medical facility leadership in appropriate implementation of the nurse staffing methodology.

(4) Coordinating with the VHA CNIO and VISN CNOs to support a standardized data management strategy and align analytics to outcomes from multiple venues of care within staffing and scheduling management solutions.

(5) Developing a systematic process for collecting and disseminating staffing methodology best practices.

(6) Reviewing VA medical facility NHPPD targets in applicable care settings and providing guidance to VA medical facility leadership.

(7) Developing and deploying oversight systems to monitor, identify and analyze NHPPD targets and variances.

(8) Developing, documenting and implementing processes to assess VA medical facility compliance with the nurse staffing methodology, including assessing execution of staffing plans and defining the roles and responsibilities of organizational components involved in the process.

(9) Reviewing the annual Staffing Methodology Compliance Attestation Memorandum submitted by each facility.

(10) Ensuring staffing methodology alignment with nationally mandated staffing and scheduling management solutions, including national reporting and technology modernization efforts.

f. **VHA Chief Nursing Informatics Officer.** The VHA CNIO is responsible for:

(1) Coordinating with the Executive Director, ONS/Deputy CNO to support the development and maintenance of standardized information data management, reports and analyses of the relationships among staffing levels, skill mix, care delivery models and patient or resident outcomes for multiple points of care.

(2) Collaborating with stakeholders (e.g., ONS, VHA Office of Finance, VHA Support Service Center) to develop and maintain additional data management reports to support program office reviews and the staffing methodology process conducted at VA medical facilities.

(3) Evaluating new methodologies developed with enterprise health care technology modernization.

(4) Supporting the ONS, Director, Workforce and Leadership with staffing methodology alignment with nationally mandated staffing and scheduling management solutions, including national reporting and technology modernization efforts.

g. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Sending each VA medical facility's annual Staffing Methodology Compliance Attestation Memorandum to the ONS, Director, Workforce and Leadership for review.

(3) Collaborating with the VISN CNO on recruitment, retention, recognition and budgeting strategies to fully implement the nurse staffing methodology in VA medical facilities within the VISN.

h. **Veterans Integrated Services Network Chief Nursing Officer.** The VISN CNO is responsible for:

(1) Assisting the VISN Director to ensure VA medical facilities within the VISN comply with this directive and inform leadership of compliance barriers.

(2) Ensuring VA medical facilities within the VISN submit an annual Staffing Methodology Compliance Attestation Memorandum to the VISN Director and VISN CNO.

(3) Collaborating with the VA medical facility Associate Director, Patient Care Services/Nurse Executive (ADPCS/NE) on recruitment, retention, recognition and

budgeting strategies to fully implement the nurse staffing methodology in VA medical facilities within the VISN.

(4) Supporting the VHA CNIO with staffing methodology alignment with nationally mandated staffing and scheduling management solutions, including national reporting and technology modernization efforts.

i. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Supporting and implementing the nurse staffing methodology described in this directive.

(2) Ensuring the VA medical facility complies with this directive and taking appropriate action when barriers to compliance are identified.

(3) Submitting an annual Staffing Methodology Compliance Attestation Memorandum to the VISN Director and VISN CNO.

(4) Collaborating with the VA medical facility ADPCS/NE to determine target census and nursing personnel FTE for the annual nurse staffing budget.

(4) Ensuring the full staffing methodology process is conducted every other year, including approval, disapproval or recommended modification to the annual staffing plan, to ensure safe and effective quality patient care that is informed by the expertise of nurses in the staffing methodology process.

(5) Reviewing and responding to the VA medical facility nurse staffing methodology business plan within the local executive approval process within 30 days of completion. Concurrence or nonconcurrence with justification must be documented in memorandum format.

(6) Supporting the VISN Director with staffing methodology alignment with nationally mandated staffing and scheduling management solutions, including national reporting and technology modernization efforts.

j. **VA Medical Facility Associate Director for Patient Care Services/Nurse Executive.** The VA medical facility ADPCS/NE is responsible for:

(1) Ensuring staffing levels, skill mix and assignments of all nursing personnel are consistent with the provisions of this directive and the VA medical facility strategic plan, regardless of organizational structure.

(2) Developing a Facility Expert Panel to review the unit business plan and disseminating the Facility Expert Panel's staffing recommendations, justifications and action plans to the Unit-Based Expert Panel. **NOTE:** *The Facility Expert Panel is an advisory group comprised of individuals with knowledge of factors and variables impacting staffing needs at the point of care. The Unit-Based Expert Panel is comprised of unit staff representing all nursing roles. The panel develops or reviews the staffing*

plan, NHPPD and business plan and submits recommendations to the Facility Expert Panel. For further information on the Unit-Based Expert Panel, see paragraph 5.m.

(3) Evaluating the VA medical facility nurse staffing methodology business plans and providing written concurrence or non-concurrence and other recommended actions to the VA medical facility Director.

(4) Serving as the VA medical facility principal executive for assessing effectiveness of the local system-wide nurse staffing levels and budget plans.

(5) Ensuring input is solicited and received from direct care nursing staff and interdisciplinary partners to determine required staffing levels and skill mix in alignment with the needs of all patient or resident care areas.

(6) Appointing a dedicated Staffing Methodology Coordinator (see paragraph 5.l.).

(7) Ensuring that VA medical facility nursing service chiefs and nurse managers (traditional or product line), or equivalent management positions, develop and implement staffing plans for areas under their direction, including the following activities: data collection and analysis; tracking and trending variations in patient and resident outcomes; and monitoring performance to assess their effectiveness.

(8) Establishing acceptable NHPPD targets and variance ranges based on target workload hours determined for each unit. Criteria must be established for deviation from the NHPPD target (e.g., acuity changes).

(9) Leading the VA medical facility executive leadership team, at least annually, to reevaluate the VA medical facility's staffing plan and associated nursing sensitive/quality indicators for access and quality (see paragraph 6).

(10) Conducting a comprehensive nurse staffing methodology process at least every other year (or more frequently at the discretion of the VA medical facility ADPCS/NE).

(11) Ensuring the Nursing Unit Mapping Application is reviewed and updated annually with changes to unit targeted NHPPD and authorized staff ceilings.

(12) Developing a contingency plan as demand for care and the need for nursing staff resources increases or decreases.

(13) Collaborating with the VA medical facility Director to determine target census and nursing personnel FTE for the annual nurse staffing budget.

(14) Supporting the VA medical facility Director with staffing methodology alignment with nationally mandated staffing and scheduling management solutions, including national reporting and technology modernization efforts.

k. **VA Medical Facility Chief of Staff**. The VA medical facility Chief of Staff (COS) is responsible for:

(1) Supporting and implementing the nurse staffing methodology described in this directive.

(2) Collaborating with the VA medical facility ADPCS/NE to determine target census and nursing personnel FTE for the annual nurse staffing budget.

(3) Engaging with the VA medical facility ADPCS/NE on budgets and staffing plans for nursing personnel reporting through the COS.

(4) Partnering with VA medical facility executive leadership to develop and review the effectiveness of the local system-wide staffing levels and budget plans.

(5) Collaborating with the VA medical facility executive leadership team, at least annually, to review the VA medical facility's nursing staffing plan, and forecast access changes and nursing demand.

I. VA Medical Facility Staffing Methodology Coordinator. The VA medical facility Staffing Methodology Coordinator is responsible for:

(1) Ensuring VA medical facility leadership, Facility Expert Panel and Unit-Based Expert Panel are educated on the requirements to meet full compliance with this directive. **NOTE:** For further information on Unit-Based Expert Panels, see paragraph 5.m.

(2) Facilitating the Facility Expert Panel.

(3) Reporting VA medical facility data requests to ONS through the VISN CNO.

(4) Training VA medical facility stakeholders outlined in this directive on completion of the nurse staffing methodology process (see paragraph 7).

(5) Remaining current with nurse staffing methodology processes, tools and resources.

(6) Maintaining appropriate documentation of the Facility Expert Panel and Unit-Based Expert Panel staffing methodology education.

(7) Supporting the VA medical facility ADPCS/NE with staffing methodology alignment with nationally mandated staffing and scheduling management solutions including national reporting and technology modernization efforts.

m. VA Medical Facility Nurse Manager/Nursing Service Chief or Equivalent Service Chief. VA medical facility Nurse Managers/Nursing Service Chiefs or equivalent Service Chiefs are responsible for:

(1) Developing a Unit-Based Expert Panel consisting of nursing staff that work on the unit and represent all existing nursing roles on the unit (e.g., Registered Nurse, Licensed Practical/Vocational Nurse, Nursing Assistant and Health Care Technicians).

(2) Leading the Unit-Based Expert Panel and ensuring its completion of the following activities:

(a) Supporting data collection of nursing sensitive/quality indicators.

(b) Conducting a comparative analysis of staffing needs using appropriate measures (e.g., NHPPD and RVUs as appropriate for the care setting).

(c) Conducting an analysis of nurse sensitive and workload variables and providing recommendations based on unit-specific factors to develop FTE requirements, staffing levels and budget plans.

(d) Calculating FTE requirements using the tools provided by ONS, professional standards, expert judgment and analysis of comparative community data. **NOTE:** For more information about the tools provided, see <https://dvagov.sharepoint.com/sites/vaonsworkforce/SitePages/StaffingMethodology.aspx>. This is an internal VA website that is not available to the public.

(e) Developing and providing the Facility Expert Panel a valid, data driven staffing level and budget plan with justifications.

(3) Approving Unit-Based Expert Panel staffing level and budget plan recommendations or recommending alternative plans based on review, panel knowledge and expertise.

(4) Completing the unit business plan and workbooks associated with the development of the staffing plan and coordinating the presentation of the unit business plan, with clear justification for their area, to the Facility Expert Panel. **NOTE:** A clear analysis of nurse sensitive, unit-level expected patient outcomes must be represented in this justification.

(5) Preparing a VA medical facility nurse staffing methodology business plan that incorporates the unit business plan nurse staffing recommendations and Facility Expert Panel recommendations and presenting to the VA medical facility ADPCS/NE.

(6) Developing, implementing and monitoring target variances compared to the final staffing plan approved by the VA medical facility Director.

(7) Performing a labor mapping review and submitting changes to reflect accurate staff assignments and workload. **NOTE:** The labor mapping review is performed as often as needed but must be reviewed at the time of the staffing methodology process.

(8) Collaborating with VA medical facility executive leadership to develop consistent and regularly scheduled methods of updating staff on operating conditions, safety concerns and other issues related to a surge capacity.

(9) Reviewing NHPPD/staffing targets; developing and documenting actions to effectively adjust staffing to meet access point and established NHPPD/staffing target

range(s); assessing variances and implementing appropriate action when target ranges are not being met.

(10) Monitoring, documenting, analyzing and reporting unacceptable (i.e., negative variances) staffing levels to nursing leadership.

(11) Reporting nurse staffing level challenges to the VA medical facility ADPCS/NE.

(12) Supporting the VA medical facility ADPCS/NE with staffing methodology alignment with nationally mandated staffing and scheduling management solutions, including reporting and technology modernization efforts.

n. **VA Medical Facility Nurse Supervisor/Nurse Staffing Manager/Nurse Officer of the Day.** The VA medical facility Nurse Supervisor/Nurse Staffing Manager/Nurse Officer of the Day or equivalent is responsible for:

(1) Assessing and reassessing NHPPD per shift, or more frequently if needed.

(2) Reporting observations of staffing adequacy during change of shift and target discrepancies to nursing leadership.

(3) Determining the number of nursing staff for daily census and acuity.

(4) Determining the number of nursing staff within the VA medical facility available for reassignment

(5) Deploying and reassigning staff as needed to meet target NHPPD.

6. STAFFING ANALYSIS

a. The VA medical facility ADPCS/NE, Nursing Service Chiefs, Nurse Managers and Staffing Methodology Coordinator must establish a timeline to evaluate the staffing plan annually, or more frequently if needed.

b. Review of the staffing plan is required when there are significant changes to the unit or when quality auditing and peer review activity suggests that outcomes may be impacted by staffing levels. **NOTE:** *A full staffing methodology process must be conducted every other year.* Examples of review triggers may include, but are not limited to:

(1) Combining two units.

(2) Construction or change in clinical setting.

(3) Any meaningful change in services.

(4) Unusually high staff turnover.

(5) Addition or changes in provider, resident, Advanced Practice Registered Nurse

or Physician Assistant and support staff.

(6) Adverse patient or resident outcomes and changes in patient satisfaction or trust scores.

7. TRAINING

Required Talent Management System (TMS) trainings and target audience are listed on the ONS Staffing Methodology for VA Nursing Personnel website at <https://dvagov.sharepoint.com/sites/vaonsworkforce/SitePages/StaffingMethodology.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

9. REFERENCES

a. 38 U.S.C. § 7301(b).

b. VHA Handbook 1101.10(1), Patient Aligned Care Team (PACT) Handbook, dated February 5, 2014.

c. Office of Nursing Services. Staffing Methodology for VA Nursing Personnel. <https://dvagov.sharepoint.com/sites/vaonsworkforce/SitePages/StaffingMethodology.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*