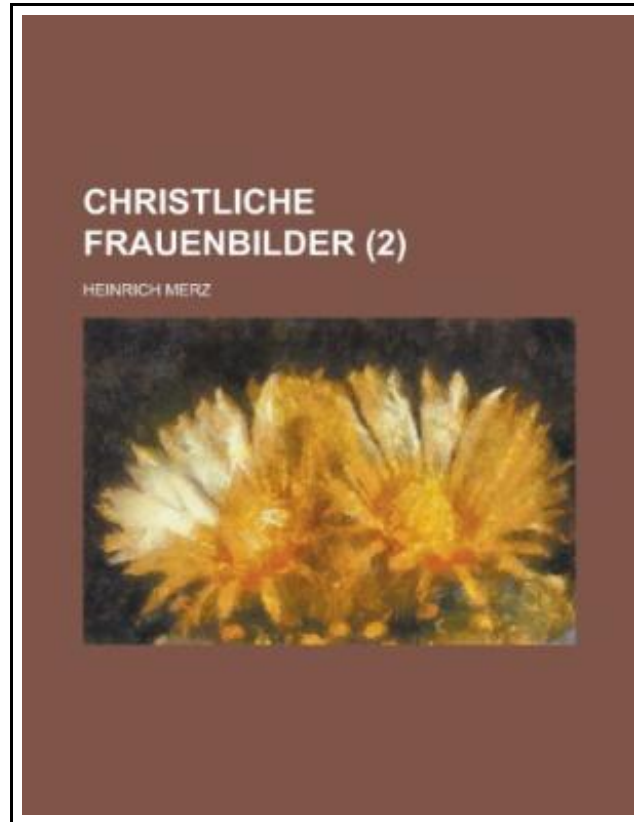


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RareBooksClub. Paperback. Book Condition: New. This item is printed on demand. Paperback. 56 pages. OCLC Number: (OCoLC)263935350 Subject: Nurses -- Recruiting. Excerpt: . . . currently performed by RNs on inpatient units. For example, VAs PCS does not account for certain recent RN tasks - such as the administration of certain intravenous medications or monitoring of a patients abnormal heart activity - that were once limited largely to intensive care units that cater to sicker patients but are now performed on other inpatient units. Similarly, VAs PCS generates estimates that do not reflect tasks associated with VAs computerized bar code medication administration (BCMA) system that was fully implemented in 2003, more than a decade 21 after the development of VAs PCS. These RN tasks include tracking, monitoring, and reporting medication administration performed using the BCMA on an inpatient unit. VAMC nursing officials also told us that VAs PCS produces inaccurate data with respect to patient acuity levels, which in turn can generate erroneous HPPD estimates. Specifically, a key piece of data VA nurses enter into the VA PCS is the acuity level for each patient on an inpatient unit. To do this, RNs use one of five PCS categories, with category 1 representing patients requiring the lowest level of care and category 5 the highest level of care. Nursing officials we interviewed at VAMCs we visited and officials with VAs ONS reported that VAs PCS does not accurately capture the actual acuity level of patients on inpatient units According to VAMC nursing officials we interviewed, nursing staff at VAMCs are required to classify patients by acuity level on a daily basis using VAs PCS. However, nursing officials reported that classifying patients by acuity level using the PCS is not a productive use of their time because the information...



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