**NPC Quarterly Meeting**

**July 19-20, 2022**

Attendees:

VACOLMR

Denise Biaggi-Ayer

Tom McGuire

Cat Michael

Janis Daley

Maria McShay

AFGE

Alma Lee

Bill Wetmore

Mary-Jean Burke

Linda Parker-Cooks

NNU

John Stead-Mendez

Irma Westmoreland

NFFE

Kevin Mitchell

Jeff Shapiro

SEIU

Christine Polnak

NAGE

Claudia Moore

Mark Bailey

VHA

Jim Zeveski

David Perry

NCA

Terri Beer

George Cannizaro

VCS

James Leahy

VBAVACO

Robert Sheena

IT

Sarah Porter

OGC

Gia Chemsian

**July 19, 2022**

Introduction and Welcome - Denise Biaggi-Ayer, Executive Director LMR (Co-Chair) and Alma Lee, President, AFGE NVAC Council #53 (Co-Chair)

Denise – We should add a date to the NPC Charter. Any concerns with adding a date? No concerns voiced.

**NPC Strategic Plan Updates Presentation - Ryan Fulcher, LMR and Bill Wetmore, AFGE**

This work was completed by an NPC sub-committee composed of the following representatives: NAGE: Claudia Moore, AFGE: Bill Wetmore, NNU: Irma Westmoreland, NFFE: Jeff Shapiro, OGC: Doris Gruntmeir, LMR: Tom McGuire, Ryan Fulcher, VHA: Jim Zeveski, Support: Maria McShay and, Facilitator: Joe Swerdzewski.

There was a discussion of what changed.

Current Strategic Plan (From 2010) introduction includes dated information:

* + Historical data on NPC
  + Rescinded Executive Orders such as EO 12871 and EO 13522
  + Reference to former VA Secretary Principi

Revised Strategic Plan:

* + Removed historical information
  + Highlights NPC Purpose statement
    - Advise the Secretary or other VA leaders on VA initiatives which impact employees
    - Promote collaborative labor-management relations
  + Bolsters NPC’s presence and purpose
  + Articulate goals and objectives of the NPC
  + Guides NPC activities

Current Strategic Plan

* 4 goals and objectives were tied to prior VA Strategic Plan
* Goals and objectives written more broadly

Revised Strategic Plan:

* 3 identified goals and objective tied to NPC’s Purpose statement
* Goals intended to be accomplished within 1 year
* New goals and objectives can be added
* Action Plan
  + Each Goal and Objective is accomplished through specific actions
  + Each Action contains metrics to measure success
  + Deadlines for actions
* Keeps NPC productive between quarterly meetings
  + Establishment of subcommittees, possibly made up of non-NPC Members

The different goals with the specific objectives were discussed.

**Goal 1:**

Support and promote labor-management relations by allowing union representative to have pre-decisional involvement in workplace matters affecting bargaining unit employees, without regard to whether those matters are negotiable subjects of bargaining under 5 U.S.C. 7106 Management should discuss workplace challenges and problems with labor and endeavor to develop solutions jointly.

Each goal has an Action Plan associated with the Goal with metrics.

**Actions:**

1. Develop a joint understanding on what Pre-Decisional Involvement (PDI) is and how it works. Establish an NPC subgroup to build that understanding.
2. Present the joint understanding to the full NPC.
3. Present the NPC PDI approach to senior leadership.
4. Develop PDI training.
5. Train labor and management on what PDI is, how it works and its benefits.
   1. Complete training of all VHA program offices and VISNs within twelve months of implementation.
   2. Complete training of VBA districts within twelve months.
   3. Complete training of NCA within twelve months.
   4. Complete training of OI&T within twelve months.
6. Develop metrics to determine the success of the training.

**Goal 2:**

Provide advice and recommendations on policies, programs, and initiatives which affect bargaining unit employees and customer services.

**Actions:**

1. Establish one or more subcommittees for each recommendation made by the NPC to provide oversight of the implementation of the recommendations.
2. Establish one or more subcommittees to operate between NPC meetings to provide oversight and recommendations concerning the employee experience in the following: HR, OWCP, OIT, employee benefits, time and leave. The NPC can establish additional subcommittees as necessary. The subcommittees will report to the NPC on the outcomes or related actions.
3. Establish a subcommittee to provide screening functions to which presentations will be made at the NPC regarding content and length of presentations. The subcommittee will make recommendations on the agenda to the Co-Chairs.

**Goal 3:**

Promote functional, collaborative labor-management relations including labor-management forums and/or partnerships, at the national, intermediate, and local levels.

**Actions:**

1. Establish labor-management forums in each administration level; for example: VHA, VBA, and NCA.
2. Establish a subcommittee to determine criteria to gauge the effectiveness of collaborative labor management relations in labor management forums and/or partnerships at the facility or higher level. Develop a survey to determine whether organizations meet the criteria. Implement the survey.
   1. Assess the survey results.
   2. Contact organizations that meet the fewest criteria and offer assistance.
   3. Provide assistance, as requested.
3. Establish a subcommittee to develop tools, materials and training to assist in partnerships/forums.
4. Share best practices learned from the development of collaborative labor-management criteria and results of the survey.

Questions:

Mary-Jean Burke – One of the things I always thought was helpful is identifying shared problems. Suggest amending objective 1.3 to add this.

Bill – Maybe change it when management considers a project.

Denise – workplace challenges and problems are identified in the introduction to the Goal.

Bill – I don’t think that addresses what MJ is talking about

Zeveski, James (WMC) Maybe – Add language stating-When Management is considering a project or addressing an identified problem...

Mary-Jean Burke – I don’t know where exactly to add it.

Bill – I think objective 1.4 should be the first goal. Objective 1.4: Define what pre-decisional involvement is and how it works for both Management and Union.

Gia – For Objective 1.1, do we mean all policies? Objective 1.1: The intent of Management is to incorporate Union involvement in all proposed policies and directive.

Should it not be only policies affecting working conditions for bargaining unit employees (BUE)?

Ryan – I believe it means those that affect employee working conditions.

Bill – I think it means even if it doesn’t affect employee working conditions. However, it will likely mostly be what impacts BUEs. That will be our focus.

Gia – If we make it too broad then maybe it won’t happen as often as we want for issues that affect BUEs.

Denise – Is anyone concerned about the timeframes for the Action Plan and the metrics?

Irma – we did go back and forth on the timeframes. The issue is we don’t know how long we will have partnership and we believe if we don’t get it done in time, when the next Secretary comes in, we won’t have anything to fight with.

Jim – It is an aggressive timeline, but I think we have to jump into it and do it. If we have to adjust that is something we can discuss.

Denise – there are a lot of sub committees. I just want to make sure everyone heard what I heard and everyone is okay with all the work this will generate.

Bill – It’s a stretch goal. I’m concerned if we don’t have it written down, we won’t do it. I have your same concern.

Denise – Just a reminder we could only find two days for this meeting and not face to face. We could not find dates for face to face or more than two days for the rest of the year.

Bill – We could revisit that. A lot of these timelines are for the sub committees.

Jeff – Do we want to meet face to face? Everyone has been talking about it. I don’t feel we have been as effective without face to face or network. I think we should look at facilities we want to meet at it doesn’t always have to be DC. Other unions that can’t travel should find substitutes.

Alma – I don’t think it’s a matter of people not wanting to travel, I think it has to do with COVID and travel is not always funded. I heard facilities are not paying for travel.

Jeff – I think any facility that doesn’t want to pay for travel needs to be addressed by central office. I think it could be a hybrid event for those unions that cannot travel. I think the Secretary would approve our travel and we could select locations that are less COVID active.

Alma – The group made this decision. Maybe you weren’t there.

In chat.

Polnak, Christine

I agree it’s a personal choice based on their situations.

Polnak, Christine

Everyone’s  Health is priority !!

Denise – the agreement by everyone was for these meetings to be virtual and two days.

Irma – We have had scheduling issues in the past and we have worked around everyone’s schedule.

However, we choose to meet is fine with me. I think we need to focus on the sub committees.

In chat.

John Stead-Mendez-This is very important discussion about the core NPC member travel, but to Irma's earlier point the key to advancing the sub committees work is willingness of the principals to designate members/staff to advance the work.

Claudia – I feel the option is there for face to face or virtual. We did virtual for strategic planning.

Denise – Jeff mentioned the hybrid. I think that’s a good option when we can work in DC. If we decide to travel to a specific facility I have concerns to me it would be hard to do the hybrid.

Irma – I think if we travel we should not do the hybrid it would take the place of the work that needs to be done.

Denise – Any additional comments on the content Ryan and Bill presented?

No comments.

Denise – Do you want me to send it back out for everyone to see. Take a quick read before we approve it?

Everyone said yes.

Ryan – I’m going to update objective 1.3 to add MJ’s comments and then resend it out.

Irma – I think the chairs should sign it.

Mitchell, Kevin G. -That is a great idea Irma.

Polnak, Christine-I agree great idea

Denise – do we want to revisit dates for the NPC?

Irma – I think we should.

Bill – I think it’s important to spend some time on trying to schedule more meetings. We need to have a one day meeting for sub committees to report back maybe in 6-8 months.

Denise – we locked in dates at the beginning of the year. There was an issue for October because dates didn’t work. If we don’t have two days we could have one day meetings. Anyone want to throw out dates or suggest anything else?

Bill – Could we ask now if anyone is interested on being on the sub committees?

Irma – NNU can put someone on each one of those committees.

Jeff – NFFE can appoint someone to the OWCP one.

Zeveski, James (WMC)-We need a list of all subcommittees

Denise – Ryan will put together a list of the sub committees. There are more than just HR, OWCP, OIT, employee benefits, time and leave

Claudia – Can we add the goals for each sub-committee?

Ryan – I’ll put that together.

Denise – We could talk about meeting again at 4 if everyone gets their schedule together. Anything else anyone want to discuss?

12:22 PM Ryan sends out updated Strategic Plan, 2:01 PM Ryan sends out list of sub committees.

**1:03 PM eBenefits demo, Corinn Hardy, Project Manager, HR Smart-Employee Self Service; Melissa Girod (IBM)**

As requested during the last NPC meeting eBenefits presentation, a demo of the system was presented to the members.

Irma – Is name change incorporated in this system.

Melissa – yes, it is.

[Mark Bailey

How long does HR have to make the changes or sign off on changes for all changes to be completed and final.

Perry, David (WMC)The WLB units work these actions based on workload/volume, there isn't a specific processing timeframe, e.g., 24 hours or 1 business day.

Polnak, Christine

And will the employee be notified when final

Melissa – yes, they will get an email notification

Irma – She stated she is glad it’s the same across the country not each facility having their own process. When is the implementation date?

David – VHA will pilot with the open season in VISN 8. training and a schedule will be produced in calendar year 2024.

Kevin – Historically FEGLI has only been offered upon hire, will it now be eligible to change in open season

Melissa – No, it is not on the open season page. The initial eligibility and life changing event we engage the review and approval process.

Kevin – Can employees change their beneficiary in the system?

Melissa – OPM is considering if they want to accept electronic signatures. If the policy does change, we will incorporate into the system.

Irma – Will this site be accessible from outside the VA network?

Corrin – HRSmart uses the PIV card to authenticate. If they cannot use the PIV card, they won’t be able to login. You have to be on the VA network.

MJ expressed concern with USERRA and FEHB/military leave issue.

DUE OUT

Burke, Mary-Jean

For follow up from Denise -Does VA want employees upload SF2810 - Denise please follow up with this to get an answer. I thought some mention of this on the top of the demo.

**RAISE Act David Perry, Chief Officer, Workforce Management and Consulting (VHA)**

**BLUF:** The VA Nurse and Physician Assistant RAISE Act increased the current basic pay limits for VHA to the Executive Level-I ($226,300) for Advance Practice Registered Nurses (APRN) and Physician Assistants (PA), and to the Executive Level-II ($203,700) for Registered Nurses (RN).

**Background:**

* Department of Veterans Affairs Nurse and Physician Assistant Retention and Income Security Enhancement Act (also known as the RAISE Act) was enacted via H.R. 2471 Consolidated Appropriations Act, 2022 (Public Law 117-103 dated March 15, 2022)

**Action Plan:**

* Coordinate pay adjustments and mandatory pay schedule reviews for registered nurse, advanced practice nurses, and physician assistants in 2 distinct phases.
* Develop a policy notice for expedited implementation of the new pay limits for Registered Nurses (RN), Advanced Practice Registered Nurses (APRN) and Physician Assistants (PA).
  + Completed on 5/3/2022
* Developed a RAISE Act Communications playbook with information and frequently asked questions
  + Completed and distributed on 5/4/2022
* Review and assess each VISN’s RAISE Act implementation activities to ensure that VHA facilities can offer competitive salaries in high-paying, high cost of living labor market areas and positively impact VA’s ability to recruit and retain nurses and physician assistants.
  + Completed 7/6/2022
* Phase 1 - Immediate Pay Raises (Mandatory) – COMPLETED
* Phase 2 - Schedules within 10% of the old pay cap (Discretionary) – In Progress

**WMC review of the No Increase Submissions finalized as of 7/6/2022:**

* AUSHO Communications Action Item requesting additional review post-WMC analysis was distributed on 6/16/2022 with a 6/29/2022 deadline to re-submit
* 206 “no increase” schedules were analyzed
  + Concurred with the VISN decision on 171 schedules
  + Requested additional information on 35 schedules
* 23 of 35 “no increase” schedules received as of 7/6/2022
  + 4 made the determination to increase
  + 16 provided sufficient justification
  + 3 did not provide sufficient justification
* 12 of 35 “no increase” schedules are 1 week overdue

**Next Steps:**

* Meet with VISNs on outstanding “no increase” schedules and the schedules that will be sent to the USH week of July 18th
* Remaining schedule recommendations will be submitted in VIEWS for routing to USH the week of July 25th

Irma – Asking for data of how many nurses actually received these increases. She wants to know how many are Nurse I, I, III, etc.

David – 16,000 nurses were eligible. We can provide this information.

MJ – I don’t understand the wage compression at the lower levels.

David – goes over slide 3 to answer MJ.

Due out: Provide requested data to Irma.

NPC Discussion about dates for next meeting

Denise – goes over dates received by email for next NPC.

Week of October 3rd, NFFE has a training event. Week of October 10th NAGE has their convention.

Irma – but Jeff did say he would send a representative if we pick something.

Denise - Does October 3rd week work?

Mark – says it works.

John Stead-Mendez-Oct 3 week ok w me

Polnak, Christine-ok here

Zeveski, James (WMC)-Good for me. David?

David – works for VHA.

Chemsian, Gia (OGC)-ok!

Sheena, Robert J., VBAVACO-ok

Leahy, James G. VCSCO-Good for VCS. Jim

Denise – Does DC work?

Irma – Works for NNU

Alma – Works for me.

Denise – October 4, 5, and 6th?

Alma – two full days 4, 5, half on the 6th.

Irma – that works.

Mitchell, Kevin G.-Agreed to Hybrid for NFFE. 2.5 days ok

Denise – Ryan sent the charter back out. Alma has already signed. Do you all want to review and I’ll sign it today or would tomorrow work better?

Irma – tomorrow.

Denise – Ryan sent the list of sub committees. If you did not get it, please let me know and I’ll send it to you directly. Is there anything we want to go over before 3:00 PM? No response. see you back for the presentation at 3:00 PM.

**Electronic Health Record Modernization (EHRM) Nickema Carter, Director CMO Operations**

Nickema – Current schedule has not been approved. Please do not distribute. The VA has revised its FY 22 and 23 and the beginning of 2024 deployment schedule through a collaborative integrated approach and is working to solidify the remainder of the 10-year deployment timeline.

Bill – who is the current contract with?

Nickema – between the Department and CERNER.

Bill – how far along is DoD?

Nickema – She believes 80%

Bill – So we’re moving much slower.

Nickema – DoD also had a pause like VA did.

Burke, Mary-Jean-I think the concern specifically is in regards to the modernization of clinic contact center--- and providers grids generally --Functionally, what I am concerned about is the amount of changes overlapped with this on top of it could be really bad for patient care.

Kevin – as we’re starting to roll these things out, you had pointed to a standardization with the capability we have?

Nickema – I don’t recall getting an email from you on VISN 5.

Kevin – There was a big concern that this is the software we are going to use for whatever system it may be, if we invest our time in training the employees, we want to be able to communicate this is a CERNER compatible software that you can use.

Nickema – our office is working with VHA and OIT to come out with a memo.

Mark Bailey -Will the DOD systems talk to the DVA system and if so to what point?

Nickema – The CERNER platform is one platform in its own domain. The thought with VA going with the initiative for sharing with DoD. We anticipate this information will be available within the next 10 years.

Mark – I’m trying to figure out where the Department is going with all these moves.

Nickema – What I’m saying is it is ONE system. The service member who becomes a veteran is in all one system.

Mark – can you share the training aspect of this and when employees will be trained.

Nickema – we normally train 16 weeks before the go live. What they are trained on depends on the role they would have in the system.

Denise – is there anyone we can contact on training.

Nickema – I can send you a POC.

Denise – any additional questions or comments?

**Separate NPC Conversation about scheduled October meeting.**

Shapiro, Jeffrey J (MIAMI VA)-“NFFE had notified Denis that the week of October 3rd through the 7th NFFE was unavailable due to the fact that eve of October 4th and the day of October 5th is the Jewish highest holiday day of the year (Yom Kippur, the day of atonement for Jewish faith) . It saddens the NFFE Union who respect the rights of employees and their religious beliefs that no consideration was given by Management or other Unions for failing to take this into consideration. If this was a Major Christian holiday how many would know this date and reject this date. This speaks to the state of this Partnership to me as a Jew.”

Denise – I apologize. I looked at the e-mail message you sent Jeff and it referred to NFFE having a training event the week of October 3rd. Kevin said he would check since you were not in the meeting when we were discussing the issues and he confirmed the date was OK with NFFE.

Irma – I’m sorry you feel this was a personal attack. I apologize. When we were talking about the dates, we didn’t pick the day until Kevin came back and said yes.

Westmoreland, Irma L-The VA calendar from Microsoft does not have the Jewish holiday noted.

Polnak, Christine-I looked too, didn’t know

Burke, Mary-Jean-I apologize as well, I did not know the holiday dates either-

Parker-Cooks, Linda M. (she/her/hers)-My deepest apology

Mark – I apologize, we as a collective group have apologized. We live, we learn.

Gia – thank you for bringing your concerns up. Are there other dates we can choose?

Irma – As much as I would love to do that, those were the only dates that work in October.

Jeff – the NFFE will figure out what to do. I would like everyone to continue to meet.

Denise – I want to once again apologize. We’ll do better next time for sure.

Moore, Claudia-So sorry Jeff

Westmoreland, Irma L.-We love and respect you Jeff!

**DAY TWO**

**Wednesday, July 20, 2022**

**VHA Directive 1194, The Use of Unlicensed Assistive Personnel (UAP) in Administering Medication Dr. Beth Taylor, DHA, RN, FAAN, NEA-BC; AUSH for Patient Care Services**

VHA is updating directive 2013-006 on The Use of Unlicensed Assistive Personnel (UAP) in Administering Medications to set clear and precise standards for safe medication practices as health care evolves.

VHA requests to collaborate with labor partners to assist in reviewing the directive to:

• Maximize Veteran safety

• Set clear standards for administration of medications by UAP

• Standardize training and competencies for employees

• Promote a culture of safety and continuous learning

• Design an executable implementation plan with change management and training opportunities

**Policy Development in 2022**

Develop policy, conduct program office and field reviews, and gain approval from leadership

•**Jul-Sep**: Field Review

•**Oct-Dec**: Formal Review

•**Jan**: Leadership Presentations

•**Feb-May**: Formal Concurrence

•**May**: Expected Publication

**Policy Implementation in 2023** Roll-out new policy, conduct training, establish deadlines for implementation and adoption, and prep managers to enable change.

**What is changing?** • Standardized UAP eligibility •UAP requirements and competencies • Clear policy guidance • Standardized trainings and materials • Monitoring compliance •Defined accountability for delegator

**What is *not* changing?**

•UAP non-medication-related tasks or responsibilities

•Appropriate UAP may still be delegated medication administration in rare and limited circumstances

•UAP are vital members of the health care team

•Majority (greater than 99%) of medication administration is done by licensed clinicians

Westmoreland, Irma L.-What about the techs that have come in via Medics, EMTs and other higher functioning staff utilized on some EDs and ICU's?

Beth – the Intermediate Care Technician, ICT are unlicensed personnel. In a regulated environment we have to be mindful of the rules and regulation. Another thing we have to be aware of is the people we hire have various experience. The medic and corpsman field guide is used to write their original PD, but we cannot have two standards saying what they can do. We keep the veteran and patient safety as our north star, we focus on standards and rules and regulation. We can’t allow unlicensed personnel to do high risk procedures or administer medication

Bill Wetmore-Slide 4 refers to "approved routes." What does that mean?

Response-It means we want to be restrictive and identify, for example some can administer on oral or topical medications.

Irma – ICTs that are our medic and our corpsman get disillusioned with the VA with the restrictions and very limited. I’m glad you are solving the problem.

Beth – We want to hire as many of them as we can. Instead of getting them a job we have them on a career path, like a nursing program or a PA program so then their military experience can translate to a career.

Kevin – When we are moving up the chain here, the scope of the paramedics and how they are classified here they are very apprehensive. What they can do is being restricted as well.

Beth – We look at minimum standards and scope for each position and who has oversight for those individuals.

Westmoreland, Irma L.-Also if administering meds, they need training and access to BCMA to document these meds given or other area of the chart that will show and allow for medication checking with other medications

Beth – Part of this work generated from discussion from some of the councils. Who has the keys to administer or administer nothing. We have to be able to document what was given by who and when. We should not be asking unlicensed people to do things that are high risk.

Westmoreland, Irma L.-We need to be careful not to "creep" into the responsibility/scope of RNs and LPNs. We need to make sure we are not putting any nursing licenses at risk. Not every nurse reads their licensing act.

Irma – I would like to see better assessments on what the delegation authority is.

Trueba, Claudia-Westmoreland, Irma L. if you would like to send me a follow up email, i will be happy to help with directing it to the right persons.

MJ – People bypassing BCMA in psychotic patients we don’t exhibit behavior in the policy. There have been situations where it’s not ideal. I would like your input on that.

Beth – We have been in situations where we are short staffed, but standards are set as standards for a reason. The importance of not letting that standard slip. We really need to have individuals that know what they are administering, why they are administering it, and if it is meeting the need of that diagnosis.

MJ – We have so many mental health patients, if it’s not clear we deviate from the standard. I think the office of nursing can do a better job for that. The two things that has happened in the last few years, AUMs do not have their roles defined. We have no system of record for assignment sheets.

Beth – I think it boils down to what are the fundamental assignments, what is the person helping with at an emergent point and time. If I administer for you and it’s the wrong drug, that’s on me. Staffing methodology is really important. The intent of that is to look at the turbulence not just daily duties, but all the variables that affect nurse patient ratio.

Westmoreland, Irma L.-Agree that CN should not take patients but staffing methodology does really not integrate that. We have 4 admin staff NM, ANM, Evidence Based Practice Nurse and Clinical Leaders all counted in admin. They are there and then only 3-4 RNs on MS units with Telemetry.

Westmoreland, Irma L.-Intent is the look at the turbulence but that piece is not looked at and given the count it needs

Beth – I don’t disagree.

Denise – you talked about policy being revised how can we submit comments?

Beth – Dr. Erica Shavella and Dr. Christopher Sadlow and ALG Trueba and Patricia

**Nursing Service Updates Karen Ott, Director for Policy, Legislation and Professional Standards, Office of Nursing Service**

Presentation about **Proposed Nurse Professional Standards Board (NPSB) Elimination and Policy Changes.**

The Goal is to:

* Modernize and expand Qualification Standards for Nurses and Advanced Practice Nurses
* Enhance objectivity of promotion process; shift to specialized experience and natural progression up to specific grade levels
* Improve speed of hire  ​
* Decrease candidate’s time in the application process; quicker pay determinations
* Align with private sector hiring practices
* Improve nurse retention​
* ​Empower nurses to be responsible for their own professional practice ​
* Create consistency with Hybrid Title 38 processes to eliminate Boards
* Increase customer (employee, manager, candidate) satisfaction

Discussion about the policy changes needed to make this change.

Remaining milestones:

* Conducted two meetings with representatives from each of the 5 Labor Partners for input on the proposal. WMC LMR setting meetings with unions for each policy.
* **Communications –** Nursing has shared communications draft with WMC. Twice per week meetings established to finalize overarching plan.
* **Training –** Nursing has drafted PowerPoint, video, and TMS training with plans for Brown Bag Sessions, Super User Training and Regional Training. WMC PMO setting additional meetings with WMC HRD to review identified training material.

Irma – Will the unions be included in the training at least in the Super User level.

Mark – The reconsideration piece of the handbook, I’m concerned that employees will not understand the process. I’m also concerned about when decisions are made at the local facility. Employees should be able to show why they deserve a higher grade or step. Do you have a guide that explains to the employees what is needed for reconsideration?

Karen – I will get back to you with more elements of the reconsideration process.

Bill – Could you explain why you decided the degrees were not going to be part of the evaluation for promotion?

Karen – We eliminated the requirement for a BSN. Most nurses start with their Masters degree and we recognize that.

MJ – We want applications that are uniform and consistent.

Jeff – Are facilities going to get money to hire? Can you give an example of how a Nurse I migrates to a Nurse II? There’s a nurse scholarship program should tie into what we are doing here.

Irma – Most supervisors will not take the time to fill out information for outstanding ratings.

Karen – I’ll take that back for review.

Irma – Will there be an APRN scale?

Karen – Yes, they have to be practicing as an APRN for 51% of the time. That comes from OPM. We are thinking of changing that.

John – Can you provide the reasoning for not accepting state approved schools.

Karen – We had quite a few scandals and we now depend on the two accredited that accredit 1000s of school. We will always look at the policy if we need to.

Mark – It is very difficult to represent a nurse when management isn’t providing any information. They’re being told their credentials are improper. No one is explaining to the unions or the employees why this is occurring. Can you provide some guidance and education on why VA is doing what they are doing?

Denise – I can answer that when the FBI and OIG is involved, they do not provide any information. I will try again to see if there is any information that can be released.

David – It is still an active criminal investigation that’s why they can’t release information. I am not aware of any removals. If there was staff removed it would not be due to this accreditation issue. [Investigation related to alleged fraudulent Institutions providing nursing degrees.]

Irma – you said you would give us the nurse’s criteria.

Karen – yes.

Bill – When do nurses get QSIs and how?

Karen – I’ll have to get back to you on that.

Westmoreland, Irma L.-How do you keep ex-parte communication on these reconsiderations from happening affecting the reconsideration process?

Karen – let me get back to you on that.

Westmoreland, Irma L.-Now when I feel I have met the standards I can ask and submit the data for next level promotion. Is this the same process now?

Karen – I don’t know the answer to that.

NNU is totally opposed to elimination of degree waivers for promotions

Westmoreland, Irma L.-We have been told Summary Review Boards would remain in tour briefings???

Burke, Mary-Jean-VA Handbook 5005 Part II Appendix G -should be amended to include Nursing recruitment who frequently don't fall under HR but, are making the recommendations for step and level upon entry

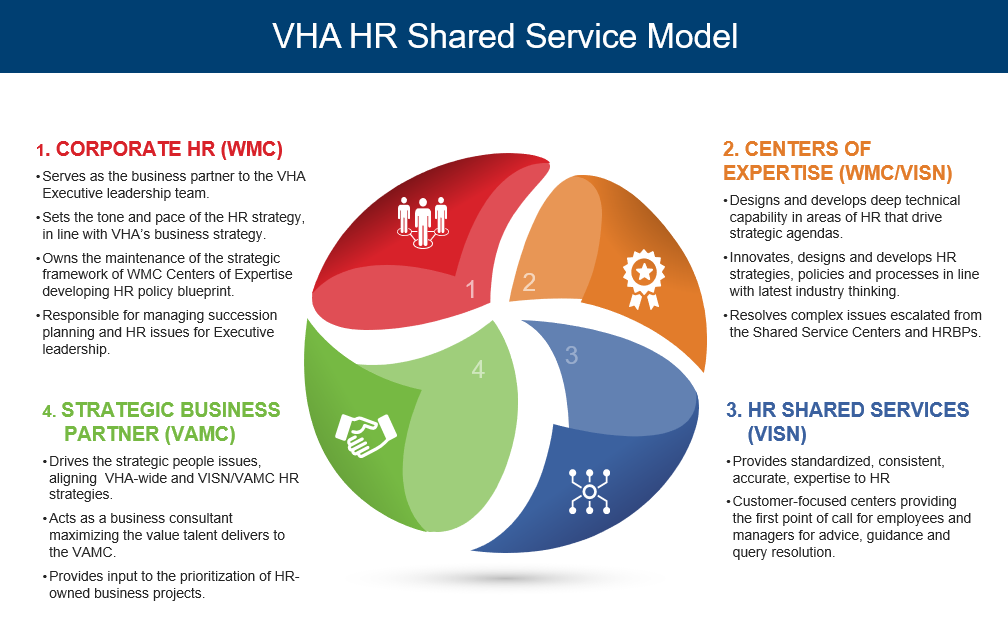
Burke, Mary-Jean-So, the proposed policy with sign off on above minimum on appointments the reconsideration to lower official may not make sense-- who is usurp the MCD folks? I would add attempt in policy to apply;" steps above minimum level criteria as uniform and objective as possible."

Westmoreland, Irma L.-Will the RN get a copy of the supervisor comments on reconsideration appeals?

Burke, Mary-Jean-I think we need to have conversation version the 5013 as related to bringing up the issue 5017

**VHA Modernization David Perry, Chief Officer, Workforce Management and Consulting, VHA;** **Tracey Therit, Chief Human Capital Officer, HRA/OSP**

Discussed HR Model, Time to Hire, Candidate Experience, Q&A Received.



Time to Hire:

80 days is the target. VA is below the govt-wide average. We want and need to do better. We welcome opportunities to work with you on where and how we can improve. We are also looking more at time to fill because there are steps that occur before the OPM clock begins that we can improve as well.

Hiring Process – Doesn’t see that HR is able to keep up with the demand?

In FY 2021, VA’s time to hire\* (85 days) was lower than the government-wide average (93 days). The target is 80 days.

In FY 2022, VA’s time to hire has increased to 93 days for Title 5 and Hybrid Title 38 positions and 109 days for Title 38 positions.

VA has seen an increase in HR workload; more jobs announced, applications received, certificates issued, selections made in FY 2022 compared to FY 2021. However, growth is at an all-time low. We need to address the supply and delays in the process to keep up with demand.

Process improvements are needed in posting announcements, onboarding (personnel security, physical examinations, drug testing, setting start dates), professional standards boards.

Candidate Care Model:

**VHA HR must reimagine the candidate’s experience** in order to effectively realign and restructure the process to ensure selected candidates are retained and welcomed to VHA

Currently in the VHA onboarding process, candidates must interact with *multiple people and platforms, often with very little direction and without an understanding of the purpose, the ask, or even how to do something*. This ambiguity leads to candidates dropping out of the application process, accepting jobs elsewhere, rejecting final offers from VHA, and overall frustration with the onboarding process.

What is the Department doing about HRMS employees being burnt out from workload?

* + Requesting funding to hire, reducing the ratio of HR specialist to employee
  + Investing in automation of manual processes
  + Encouraging employees to take time off and engage in whole health practices
  + Sharing and using All Employee Survey data on the HR occupation for action planning and employee engagement
  + Using Exit Survey data
  + Conducting Stay Interviews to improve retention of HR personnel
  + Pursuing the move to a single personnel system to reduce the complexity of work that can lead to errors and burnout by having to be proficient in three personnel systems

What is the Department and HRMS doing about improvement to employees in HRMS workload?

* + The Department fully supports increased use of automation to take work off the plates of HR personnel and allow employees direct access to information (e.g., Employee Self Service, eBenefits)
  + We support streamlining processes to eliminate unnecessary layers of approval or steps that do not add value to the desired result
  + We are reviewing HR information technology and addressing any added work it is causing for HR staff
  + We are trying to automate more manual processes such as creating duty stations, updating pay tables to reduce backlogs and delays in processing personnel actions

Has the Department taken a good look at the Onboarding Process and it needs to be revamp?

* + Yes, an Integrated Project Team (IPT) was established to review On Boarding and make recommendations on how the process can be improved
  + The Office of Personnel Management (OPM) participates in the IPT
  + The review includes assessing the technology used to onboard, the processes used to onboard, and the feedback received from applicants and hiring managers
  + Recommendations related to resequencing steps in the process to expedite hiring and eliminating others are being considered or implemented
  + VA also continues to explore with OPM and others a hiring tracker that would give applicants, hiring managers, and HR better visibility on where things are in the process
  + We need improved interoperability among systems used to establish email accounts, fingerprint, badge, etc. – things get delayed lost with multiple handoffs

What is the ratio of personnel to HR staff in VA and the Federal Government?

* + VA 1:84, Merit Systems Protection Board Study Recommended Ratio 1:48

If the President’s FY23 budget is to prioritize and invest in hiring more HRMS employees what is the VA planning to do to improve VA HRMS?

* + VA HR uses staffing studies and staffing models to formulate budget requests for HR resources. Currently, VAs investment in HR lags behind other CFO Act agencies. The ratio of HR to FTE recommended by the Merit Systems Protection Board is 1:48. VA ratios are close to 1:84
  + The FY23 budget includes an investment in HR to support hiring under the Technical Career Field intern program in VHA and more staff in VBA and more policy support in HRA/OSP
  + VA also recognizes the critical need to train HR staff so more money has been requested to support continuing education
  + The PACT Act includes a provision to standardize qualification and performance standards. This project should also ensure VA HR staff have the requisite skills and training and are

HRMS needs to be placed back under the leadership at the medical centers.

* + Regressing to an antiquated, highly variable model isn’t a sustainable model based on size and growth of VA.
  + No other larger healthcare system operates in a decentralized model
  + We are working hard to adjust the model to adapt to changing needs of the workforce (allowing flexibility where needed)

Irma – How does a job fair help and assist with direct hire authority?

David – If we have the authority then we can offer the position on site. Title 38 does not have direct hire authority (DHA).

Irma – What authority is there to expedite title 38 hires.

David – I think people confuse DHA and expedited, title 38 is excepted service. With excepted service we still have to apply Veteran’s preference.

Mark – What are we doing to solve employees brought onboard with the wrong grade and have to pay a debt back?

David – We are hiring a TR unit to help solve these problems, getting the training and the competency on the front end. There is also the debt waiver process.

MJ – Do we have some sort of functional manual to find out who is in charge of our HR staff?

David – The Strategic Business Partner is the HRO. They have direct connection to the facility director.

Claudia – Do they have to be onsite?

David – it’s a hybrid of onsite and virtual. Link in the chat shows who to contact.

Perry, David (WMC)

<https://dvagov.sharepoint.com/sites/WMCPortal/Pages/Default.aspx>

**AIR Update Alfred Montoya, Senior Advisor VHA**

**Bottom Line Up Front**

* + There is a need to continue the forward momentum of improving our infrastructure using the current Market Assessments as the baseline
  + Success would be a consolidated VHA strategic capital investment strategy and plan by spring of next year that is inclusive of all enterprise projects
  + The plan forward was reviewed by the VHA Governance Board on June 23, 2022
  + The Secretary approved a structure to govern the work

Healthcare Strategic Capital Way Forward Plan:

Based on updated data, additional engagement with stakeholders and potential partners, and consideration of non-AIR capital spend plans, VISN and VAMC leaders will review the AIR recommendations submitted on March 14 to identify whether updates are required. VACO will support the field when requested throughout this process. VA governance bodies will review the outcome of the reviews in partnership with the field. The revised set of recommendations will be used to guide VA capital planning going forward.

Irma Westmoreland RN-I see unions are last on the list

Irma Westmoreland RN-Union and other stakeholder input only scheduled once in this project. I suggest after some decisions are planned that you come back to stakeholders.

Al- The Unions are not last on the lit of Stakeholders and Partners for any particular reason. I will come back to discuss progress and to include you in the process ate whatever frequency is needed.

Polnak, Christine-We talk about transparency, our veterans deserve it as well.

**PACT Act Jessica Bonjorni, Chief Human Capital Management, VHA; Tracey Therit, Chief Human Capital Officer, HRA/OSP**

Named in honor of a Veteran who died because of toxic exposure during his time in military

service, the *Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address*

*Comprehensive Toxics (PACT) Act* is historic legislation that will deliver all generations of toxic-exposed veterans their long-overdue VA health care and benefits.

**Expands** toxic-exposed Veterans’ access to VA health care.

**Extends** the period of health care enhanced eligibility for Post-9/11 combat Veterans.

**Creates** a framework for the establishment of future toxic exposure-related presumptions of service connection.

**Provides** every Veteran a toxic exposure screening at VA medical appointments.

**Increases** toxic exposure-related education and training for VA health care and benefits personnel.

**Includes** studies on mortality of Veterans who served in Southwest Asia during the Gulf War, Post-9/11 Veterans’ health trends, and veterans’ cancer rates

Burke, Mary-Jean-So, the authority defers to Veterans authority similar to like other Wage grade in regards to section 903

Tracy – Yes. Irma Westmoreland RN-What are 3 Rs? Tracy – Recruitment, retention, and relocation.

Burke, Mary-Jean-Can we have a list of occupations in letter (h) of Section 909

Bonjorni, Jessica-New positions have not been defined yet for 909(h). Would you like it for the current positions?

Irma Westmoreland RN-Are these additional payments funded?

Tracy – $500 million

Burke, Mary-Jean-How many HR folks do you plan to budget?

Bonjorni, Jessica-We are trying to get HR staffed to recommended levels of 1:48. Currently we are closer to 1:84 with a lot of variability across the org.

MJ-How many is this Jessica? Approximately 4000 additional HR professionals

**Mitchell, Kevin G.-**Will the funding be discretionary? At the facility level?

Yes, the funding allocations in VHA are still through VERA/MCAS, this funding is not segmented out.

Bill expressed concerns about being able to handle the requirements in the Legislation.

Claudia and Mark brought up issues separate from PACT Act related to downgrades of positions, health techs, boiler plant operators.

Taskers

Send everyone the slides and add them to the team files selection

Send signed strategic plan

Send again strategic plan sub-committee list, everyone will submit their names by Friday

Send the recommendations for the OWCP training

Send the calendar invitation for next NPC