January 25, 2022

**Welcome and Introductions:**

Denise Biaggi-Ayer, Executive Director LMR (Co-Chair Management) and Alma Lee, President, NVAC Council #53, (Co-Chair Union).

Denise Biaggi-Ayer welcomed everyone.

Alma Lee provided a nice introduction, talking about the agenda and topics of discussion.

All Participants introduced themselves. New NPC members are Robert Sheena (VBA), Jim Leahy (VCS), Linda Parker-Cooks (AFGE) and Sarah Porter (OIT, not present for introductions).

**NPC Members:**

Alma Lee- AFGE Bill Wetmore- AFGE

Burke Mary-Jean- AFGE Irma Westmoreland- NNOC/NNU

John Stead-Mendez- NNOC/NNU Jeffrey Shapiro-NFFE

Kevin Mitchell- NFFE Claudia Moore-NAGE

Mark Bailey- NAGE David Palmer-SEIU

Denise Biaggi-Ayer- LMR Nathan Maenle-VHA

Doris Gruntmeir -OGC Terri Beer-NCA

Michael Stephens-VBA Christine Polnak- VHA

Linda Parker-Cooks-AFGE/VBA James Leahy-VCS

Robert Sheena-VBA George Cannizzaro-NCA Chemsian Gia-OGC Sarah Porter-OIT (Not present)

Phyllis Harris-OIT (Not present)

**Veterans Canteen Service Updates**

**James G. Leahy, VCS Executive Director (VCS)**

Mr. Leahy provided personal background information. He talked about his parents and his history with the VA. He spent 22 years in private sector. He is a graduate of Leadership VA-2008. He was appointed Director last June after Ray Tober retired.

Jim shared his leadership philosophy. Be prepared-Noble Intent-Build your brand through collaboration and connections. Goal of NPC is for Management and Labor to come together to solve issues. Discussed what he expects from his Leaders. VCS has been very resilient this last year. Most of his staff cannot telework because they are customer facing.

Who is the VCS? He provides history of who they are; an independent entity within VHA. Report directly to the SECVA. He shared business lines in slide. Originally an appropriated entity-they are now self- sustaining. They earn their working capital through all the services they provide.

His vision for VCS-Focus should be staff. Friendly, inviting, clean. Focused on change and focused on whole health. They must become the employer of choice. What are they facing? SWOT- Their Strength is staff, 3100 employees. Employees have been fighting COVID, they are resilient. Weakness-Revenue tied to Veteran business. Veterans have to come to them; they do not have an online presence like Amazon. Opportunities-need to be healthy physically and emotionally; whole health environment. Need to find creative and fun ways to keep staff motivated.

Revenue slide-Shows the big drop in revenue from 2019-21. Sales bounced back a bit in 2021. Have only earned back 20% of pre-pandemic revenue.

Customer visits-servicing over 200K customers per day before the pandemic. In 2020 that number fell 38 percent. Only a bit increased in 2021-still have Omicron, etc. Many people are teleworking. Have challenges ahead, which will include how they navigate this new world of telework. Seek new normal in 2023.

How did they respond during the pandemic? 95% of VCS remained open. Employees showed up and were fearful. He had TEAMS calls with managers individually, checked in with them on how they were doing. He reassured them they were not going to close. They spent 70+ years with no appropriations-were self-sustaining before the pandemic. They received an appropriation for the first time. Congress approved it. They have $140 million that was given to support them.

Looking forward -VCS and Whole Health-Empowers and equips people to take care of their own health. Shared personal story about taking care of his health. VCS Whole Health Culture Change-Once a month he talks for one hour about what it means to be whole health. Eat better-walk, drink water. Logo-BeWell, #LiveWholeHealth. VCS will provide healthier food choices.

Employee engagement slide-AES results. 88% of employees participated. Best places to work data went down. Data sharing improved. Discrimination score-you need to spend more time talking to employees, so they do not feel dismissed. They are recognizing special days in calendar, e.g., allowing employees to wear jerseys of favorite teams. Bring joy and authenticity every day. He wants them to become an employer of choice.

Discussed how to become an Employee of Choice-Some BUEs have become managers. 11 important characteristics to be able to become employer of Choice. Job security-Empowerment & Authority-Respect-Opportunity for growth-Access to information-Commitment-Inclusion (involvement)-Positive relationships. They have allowed more telework -work-life balance. Paying performance awards, which they were forced to pause because of COVID. Recognition. Newsletter-$10 coupon on the holiday-He does videos. Diversity Advisory Council for the Director. He is a history buff, loves it, important to understand people’s stories. Employee Recognition-Highlighted Johnnie Guy in Dallas-wonderful experience maker. He is doing virtual retirement ceremonies. Using Teams-Doing Director’s Town Halls-Q&A, etc.

Mission Challenges-Staffing-Good news Friday minimum wage increase to $15.00. This puts them in more equal footing. They lose many employees to VHA. Now they are in a more competitive field.

Celebrated 75 years August 7, 2021.

Alma-Wants to thank him for being a part of the NPC- He has big shoes to fill (Ray), looking forward to working with him.

Mark-Looking forward to working with you. Appreciated the presentation. Appreciates how they take issues head on-BUEs appreciate your employees, and service they provide to the VA and Veterans.

Bill Wetmore-has had terrific experience with the Canteen service. Bought lawn mower. Will they be increasing wages incrementally? How is that going to be done and how will it affect prices? Answer-The increase in wage will happen immediately. Seattle is at $19. Some employees are lower than $15 and will be increase immediately. How will this impact VCS?

Answer- The VCS was a self-sustaining entity before the pandemic, now it is very hard to do that. This year we will lose money as well. With the additional payroll we will lose more money. All this is based on the visitor traffic. We need more customers to come back. We need to make sure service continues. We will lose money the next couple of years. Will he increase prices? Not necessarily, he needs to find other ways to increase revenue. Talking about optics. Healthy food is expensive. 3-5 years to move in that direction. He does not want to go ask for more money. He wants to be self-sustaining-His biggest challenge is to find staff. If we get more customers right now, we do not have enough staff.

Chris thanks him for reaching out. Hopeful with increase in pay we can get more staff. Appreciates the engagement with staff. Kudos!!

Claudia-Wants to recognize the staff at the Coatesville, PA Canteen.

**VBA-New Benefits Delivery Protection & Remediation Program (BDPRP)**

**Linda Rutland, Senior Advisor, Benefits Delivery Assurance-Benefits Delivery Program**

**and Adam Kinder, Chief Operations for Benefit Delivery Protection & Remediation**

Linda has been with VBA for 22 years-started in St. Petersburg, FL office as a Veterans Service Representative (VSR). She has been in Central Office since 2009 in various leadership roles. Adam has been in the VA since 2005 in various positions and has been doing this work since 2015.

Strategic Vision of where they are? BDPRP showing org chart of the office. Aligned directly to the COS. Adam-Chief Fraud & Remediation-Currently staff is at 21 but they are authorized to get to 47. They are risk mitigation for VBA. Protecting Veterans and beneficiaries from fraud, waste, and abuse. Amongst others, they work with Gary Sinise foundation to protect Veterans and their personally identifiable information (PII). Fraud is growing on a global scale. Slide on Director’s Priorities-a lot of growth is expected-Areas of focus. Mission was focused on compensation and pension but will be expanding their reach to other business lines-compensation and payment-Fraud-predatory practices that they are seeing-some business who operate under the guise of helping Veterans. Working on data analytics. Data that will help them identify they are in fact talking to a Veteran. They have a contract supporting them-do not have data scientist yet. Program support and collaboration-working with cyber innovation program-technology to alert Veteran if they have a direct deposit change that impacts the Veteran. Adam and Linda come from Comp and pen world.

Looking at developing a centralized guidance of fraud library. Outreach and engagement-e-mail coming out. Social media. Director was recently in Fox news. They want to keep World informed of what they are learning; what fraudsters are up to.

Current Collaboration Efforts slide-working closely with the Office of Inspector General (OIG) established cadence with their staff and theirs. They are not in a state where they report fraud-that is the OIG’s job. They are doing a lot to get their foundation built.

Adam-Types of fraud they are seeing: Wire Fraud-using the internet -pop up ads; Mail fraud is more prevalent; Forgery-false statements; Embezzlement-use funds for inappropriate reason; Identity Theft.

Bill question-Worked at Board and he never thought they had altered the form---how do they catch this type of thing? “Stolen Valor…” They look at military records to make sure the form matches what the Veteran has submitted.

E-mail scams; Phishing attempts-try to hijack a Veteran’s computer to get their benefits; Phone calls and spoofing-impersonating via telephone as a person or company to gain sensitive information; Direct deposit changes-trying to get the Veteran’s money to go to their account. Use a lot of pre-paid cards. Redirect and pull money out. They sent a person to prison for this type of scheme.

Elderly population is targeted, they are more vulnerable.

Fraud can come from different methods, e.g., Veteran’s niece; a Veteran lying about their credentials; Clinical Provider-Bills patients for things they were not doing, exaggerated claims. VA employees-People have access to a lot of data-people can steal benefits-People sharing information with outsiders. Pastor in Long Beach- It comes from different angles-not only a fraudster behind a screen.

Bill question-Have they thought about publicizing any of this stuff? Answer-They work a lot with OIG, once it goes through the process the DOJ puts out a press release. They must wait until the legal process is complete.

Payment Redirect-90% of their time has been focused on this area. Leveraging publicly available information from internet sources, social media, etc. to gather PII.

Prevention-Become aware of it and try to remediate it. If a direct deposit changes they send an e-mail to the Veteran and ask if they made this change. Using data analytics. Provide the information to the Veteran within 5 days.

How BDP&R is Protecting Veterans? Analytics, making data driven decisions.

Remediation and Extra Protection-when a Veteran is impacted, we do not want the Veteran to go through the bureaucracy. Impact to Veteran is minimized by making them whole immediately.

Remediation Time is below 5 days. This impacts the Veterans’ life, so they do not want any delays.

They at times filter out things that the OIG will not work. Example of a widow who called about fraud and it was only an internal employee error.

They are an investigatory arm. If there is something that seems suspicious report to them.

Bill-Should they make this presentation to BVA? Answer-Have done initial touch points but will fine tune it for more.

**Expectations Sub-Committee**

Nathan reporting:

Denise asked if anyone could explain what these sub-Committees are supposed to be doing. Answer-That was a challenge, there was no great definition of the tasks of these sub-committees.

Jeff thought that it was a bit more of an oversight. To keep track of what has been accomplished. The sub-committee had representation from different Administrations and Unions.

Try to understand what partnership is, goals and objectives. The Strategic plan is good, many of what is in it needs to be kept, some are great ideas, but how do we know or measure outcomes?

Nathan recommends potentially creating an Operating Plan-Strategic plan tends to be for 2-3 years, and an operating plan is more tangible, short term.

Training-what is expected of them from a partnership perspective?

Measure/Monitor/Corrective Action Plans-Recommend we use a dashboard to see/track what we are achieving. We can all see it.

Use AES, that is hard. Maybe do pulse checks-quicker surveys.

Jeff-Expectations-have so many people on this group-both parties should have the same expectations. Dashboards should look red, yellow and green. Not everything should be green.

Pre-decisional Involvement (PDI)-Conversation about it. Gia presenting. Effective and productive tool in labor management. We have forums back in place and are back on track with partnership.

Why do we engage in PDI-I does not replace formal bargaining? Timing-both parties get frustrated about it. Unions want to be included as soon as possible, but management is pushed to implement things quickly. Possible that if we engage in PDI extensive bargaining may not be needed.

Jeff talking about PDI that was done in VBA. Per the previous EO. Also talking about other PDI. Planetree. Issue with establishing PACT. Example where PDI did not work correctly.

Irma-There are some facilities who are engaging in PDI and others who are not-cancelling meetings, etc. We should send something implementing PDI framework. There is no buy-in in facilities to do anything.

MJ-Comment-similar to Irma. Interested in hearing from VHA. VHA is very problematic right now in a number of ways. SecVA or any of the political-she wants them to talk about a concept of what a forum or PDI should look like. Communicate with your union official. Over and over we see barriers. It feels, on the ground, us vs them mentality.

Mark-wants to address PDI mentality-National Consultation Rights in all agreements. Department is supposed to be providing the Unions information of the changes happening in the Department. The Unions are not being given National Consultation Rights. How does PDI drive the bus; PDI does not trump NCR and that does not seem to exist.

Mark-Although the Administration has changed, I feel like there are people still practicing the previous leadership practices

Bill-PDI (Ron Coles, former LMR DAS stated if management has an idea that is when the discussion starts.) Hoping we get earlier discussion on what Department is considering. We need to make a recommendation to the SECVA-that is what we do.

Bill also tells Mark AFGE is the exclusive rep of bargaining unit, that is why they do not use National Consultation Rights. AFGE does not have to deal with NCR. Mark-we have that in contract.

Jeff Shapiro. PDI. Reiterate-purpose of the sub-committee. How are we going to meet these expectations? Have all the components to make it successful.

Recommendation-Start large first, then synchronize input, organize it…find a good strategic planner-is this smart, measurable, achievable, how do we know if what we have is a good idea. Maybe someone from NCOD-they have done these before. We need to look into it.

Irma-so disappointed. Someone put work product out. Nobody cares. We need to work on something.

Jeff Chat Box: The purpose here is to explain EXPECTATIONS. We have problems in the real world when Expectations are too high and unattainable. We need to set them realistically. We have to develop a way to figure out how we meet the expectations. We are mission driven & have all the components to make it successful. Again, it depends on the Strategic plan & operational goals. We should have reasonable short-term goals. I don't know them all but something we have to focus on w/the Charter. We have to figure out as a group where we want to be. The frustration from the last 4 years (prev. Administration) is why we have lack of trust. We have to start somewhere. If we apply the principles of Franklin COVEY, we can build trust and start somewhere. We will face issues as the NPC but it's a doable task. We are here to show the SecVA what WE CAN DO, not what he thinks. We can sign a document and make our goals. we shouldn't go down the rabbit hole of PDI at this moment. this may be a STRETCH Goal. We acknowledge the problems and still believe we aren't being included in the discussion early enough.

**Due outs**

* Nate-NCOD contact to be able to ask how to address the strategic plan.
* Denise-Reach out to Joe Swerdzewski to ask if he can help with NPC Strategic Plan.
* Send Strategic Plan in Word version to Nate to add to Teams Group for everyone to provide comments and recommendations.

**NPC Charter Sub-Committee:**

Updating Charter-2001 outdated, changed some references to revoked Executive Order and language. Tom showing Charter.

Question about how we measured. Jeff, that was our downfall. We did not, that is what the Expectations sub-committee may be able to do and that is what we can measure using the dashboards.

John, do not know how useful these measures or metrics are without a recommendation.

NPC used to be about getting invites, to hear about new programs, to have meetings to talk to people is OK, but we need to take data and make recommendations. Previous NPC was for information rather than action focused.

Never really circled back to ask if there was progress, asked them if people were on track. Never really followed up.

Gia-Idea to have more frequent meetings and less quarterly meetings if we continue to be virtual.

**Update on COVID-19 Vaccination**

**Gina Grosso, Assistant Secretary HRA/OS:**

On Friday 1/21/2022, a court issued a nationwide injunction on the President’s Executive Order (EO) 14043, requiring all Federal employees provide proof of vaccination or have an approved exception. While the injunction does pause the President’s EO, it does not affect Secretary McDonough’s order requiring all VHA Health Care Personnel (HCP) to be fully vaccinated or have an approved exception. This injunction has no impact on other safety protocols. Masking, physical distancing, testing, travel, isolation, and quarantine requirements are still in effect.  Accommodation requests related to safety protocols, i.e. testing, masking, etc., should continue to be processed.

For Non-VHA workforce we cannot enforce the vaccine mandate. We can continue testing, safety protocols continue. As far as new employees-we do not have to pull vacancy announcements. For non-healthcare employees we cannot require vaccines to hire. Discipline will be on hold, and the exceptions process will be on hold.

Yes, we will have two sets of rules depending on where the employee works. For VHA Healthcare personnel/professionals-everything continues to apply.

Jeff Shapiro-healthcare worker-if I am virtual, remote, based on SECVA’s authority. Do I have to get vaccinated?

Answer-VHA HCPs do not include remote workers who only infrequently enter VHA locations.

Jeff-Does management know the number of healthcare providers who have been vaccinated? What is a fully vaccinated individual? Is it a third shot?

Answer- The CDC has said continuously that they will not change what fully vaccinated means, but you have to be ”up to date…” If you are over 50-55 you need the booster to be “up to date…” Per the CDC, “up to date” means a person has received all recommended COVID-19 vaccines, including any booster doe (s) when eligible. [Stay Up to Date with Your Vaccines | CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html)

Mark-Comments have been provided by NAGE. This whole scenario is confusing to BUEs and supervisors throughout the enterprise. We are negotiating different segments of 5019. Negotiations are taking too long. Be honest let us know what the Department wants to do. Trying to explain what is going on has become very difficult. The Department is brutally confused about this information. It will not be easy to explain that one part of the Agency will have to comply and the other will not.

Gina Grosso-We are working hard to try to make things less complicated, but things are very complex. We have no control against the injunction. We have to follow it.

One suggestion the union would offer is to have PDI discussion about what is getting ready to happen with the Unions. Not being able to have a discussion is a problem. That would be helpful.

Tracey-We are being instructed to pause negotiations related to the EO.

John-NNU-. NNU has advocated a multiple measure approach. Testing. Some are filing lawsuits to eliminate the mandate but NNU is filing lawsuits to keep the testing Emergency Temporary Standard (ETS) in effect. Is there a plan to increase the amount of testing in the field and the availability of testing?

GG-at this point the VA has supplies to increase testing. The Agency is doing surveillance testing. Test kits are becoming available.

GG Around 39K exception requests have been submitted in VHA.

Tracey-the process for reasonable accommodations has RA Coordinators as resources.

John, Yesterday, bargaining was cancelled with little notice. Negotiations are taking too long, and it borders on the line of bad faith.

Jeff-Issue with the notice for voluntary use of N-95s. He would have wanted to opportunity to negotiate procedures at the National level to avoid inconsistencies locally.

**Wednesday, January 27, 2022**

**Telework Remote Work Discussion**

**Meg Martella, Supervisory HR Specialist, Worklife and Benefits Service (OCHCO/HRA/OSP)**

Provides background related to the Telework Enhancement Act of 2010.

Provides information on new Guidance provided by OPM. She clarifies the differences between telework and remote work. The OPM guidance is extensive and over 80 pages. It is intended to help agencies to re-think the use of Telework/remote work. It is a human Capital tool to help with recruitment, work life balance for employees, etc.

VA Handbook 5011 defines Telework and Remote Work. There are employees coded in the VA as Remote Work. Remote work is what people have generally considered 100% telework.

Meg provides more details about Telework in the policy (information in the presentation slides). She referred to policy and how CBAs need to be applied. Telework is not recommended for trainees or during the first 90 days of any probationary period.

Ineligible employees-Those disciplined for AWOL for more than 5 days in any calendar year; for violations of ethical standards and other reasons specified in the law. (These are defined in the law)

Telework has always been encouraged in the Agency. Supervisors and managers are the ones who must make determinations on eligibility based on PDs; it is based on specific functions and duties of the position rather than a title. Many positions in the VA may have different duties. Should be an individual determination. Supervisor preference and employee request/desire is not what determines suitability.

Describes what position suitability is-work activity is portable/etc. See slide for details.

Frequency of Telework-To be considered a teleworker the employee must come to the office at least two days per pay period; To retain the agency worksite as the official worksite. There are some exceptions to the two day a pay period rule, e.g., employees have been on max telework during the pandemic. At times there are exceptions when employee is on travel, may be sick, etc.

Local area-defined in slide. 50 miles within the employee‘s residence. (for virtual employees). Slide provides examples.

References-Telework and Remote Work are different. Stop thinking remote work is 100% telework.

Interested in feedback and thought on where we go from here?

Mark Bailey questions-talk about remote work and policies changing. Are policies going to change? There is a telework committee that meets monthly.

Meg-The Agency will not change the definition of telework, will add more definition of remote work. Will also provide more information on how to use remote work. Also, OPM is trying to make sure vacancy announcements are clear on type of position it will be. For the future, in 5011 they want to add information on what supervisors will need to evaluate in a position to make eligibility decisions.

Mark-This “evaluation” is already happening-The VISN is taking facility employees and having them work remotely. Employees have to sign a telework agreement to work remotely. He thinks you need to stop the bus before this continues. People need more clarity. You are trying to change employee salary when place of business is now their home not their work. Mark is totally confused, whether it will be called, telework, remote work, what policy directives will be used to justify the differences.

Meg is trying to develop guidance to use especially when reentry is planned, so people can make determinations, forms to use, PD updates, updates of pay-duty location.

Mark-understand that folks are already implementing these changes. They are receiving guidance from VISN and VACO. Change locality because you are telling them they are now working remotely vs teleworking. Other than filing a ULP, he does not know what else to do.

Jeff-everyone feels the same as Mark-Many supervisors when employees are seeking telework. This is an issue NPC has to grapple with. We are coming into this reentry. The system, all healthcare systems have been impacted. Telehealth will need to be an intricate part of healthcare system…Nursing service has the hardest mentality allowing the nurses to telework. They do not want to release them. Management has to speed up the process on who will be able to telework. People have these codes that nurses cannot telework, doctors cannot, etc. Moving forward this is the way of medicine. As a Council, this subject must be one of our first goals. Telework is going to be the future of medicine.

VHA-Jill Crumpacker-In VHA we created a reentry work team. VHA is also working to ensure a safe reentry. Working on telework/remote work issue. Looking at expanding both telework and remote work. In VHA there are two ways to become a remote worker, one way is you are hired as a remote worker, the second way is through a request to work remotely. The second one is considered a privilege. We are trying to make sure positions are assessed similarly so that VISNs are not categorizing positions differently. We are looking at duties of positions; are duties required to be done on sight, if so why, and if so, how differently? People need to look at this objectively. Example HR series-one supervisor may need to come onsite to do new employee orientation, that person is likely telework eligible, but not remote work eligible. If supervisor has properly done categorization, then this will make sense. A cost analysis must also be conducted using a standard work sheet that allows supervisors to enter potential cost against benefits. VHA’s interest is to promote standardization. Some VISNs have moved forward looking at OPM policies. However, we did not want to get ahead of OCHCO policy, etc.

Jeff-asked about a committee being run, no union members sitting in that committee-this is where PDI comes in. This is where we would like to have union participation to get ahead of the curve before you send documents out. This is where we should be at the table, listening and giving you input.

Bill-comment made at the beginning of the presentation he was struck by a comment made related to if you have no discipline, but the work cannot be done from home because it does not support the mission, then you cannot telework. Bill is asking for a reason. The official duties of the position.

Nathan provides an example where Veterans go back to be serviced at the facility after the pandemic vs using telehealth. Then there are no Veterans to do telehealth and the employee position is no longer suitable for remote work or telework, it does not support the mission. You have to balance with the need.

**Presentation on Supply Issues and K-95 Use.**

**Deborah Kramer, Acting Assistant Under Secretary for Health, Support Services**

The Agency is encouraging the voluntary use of K-95 masks. VHA is aware not everyone can use these masks, some people may have respiratory issues that prevent the use of these type of masks.

Jim Leahy-Asking question-do you foresee us wearing masks for a long time? That is a tough question to answer.

MJ-Indianapolis had a lot of counterfeit PPE. Agency realized they had purchased counterfeit PPE…Why did the agency not notify the end user where they were in the facility? She is perplexed about it. She had a BUE complain these counterfeit items are still in the facility. If these are still in ER COVID unit, how is agency correcting this issue?

Deb-employees are our most important resource. Counterfeits potentially happened by local purchases using government purchase cards. All we have acquired centrally has been through manufacturing. N-95s cannot be purchased with credit cards, that is a violation of policy, we have more than enough N-95s for everyone. She has no visibility of where this could have happened at the facility level. MJ-But this is kind of the problem-as a union official no one wants these counterfeits. What is not acceptable is how the facility reacted. Deb will raise with Rima to get more information; she does not have an answer and she understands concerns.

Deb- As we learn about the disease the guidance has changed. VA is following CDC guidance. CDC is saying using N-95 or KN-95 is better. Yes, it is frustrating, and guidance has changed.

Deb-supply chain-there are no issues-we have sufficient masks. We can support the Department.

Testing supplies and equipment-there are some issues with that. There are issues in the ports in LA. Seeing constraints on dialysis side. Problem with dialysis manufacturing, people out sick etc. Omicron is complicating issues.

Mark asked when the guidance about credit card use was issued? Was it sent to the Unions? Deb, guidance was sent to credit card holders about the N-95s. Mark is asking for a copy of the guidance and date it was issued.

Chris- Following up on slides used during the original supply chain presentation, the Unions are still waiting for a copy. Asking VISN 2 Canandaigua is requiring masks, talking about beards, Albany police Department. We cannot make sure they shave their beard, and the use of K-95 is voluntary. Police-discussion for employee to be fit tested, shaving beard, etc. Things have changed so much that employees are frustrated. Staff is really trying to help the Veterans.

**Office of Nursing Service (ONS)-Staffing Support during COVID-19**

**Karen Ott, Director for Policy, Legislation and Professional Standards, Office of Nursing Service; Danielle Ocker, Deputy Executive Director/Executive Director, Policy & Strategic Planning ONS (VHA)**

Danielle talking about updates and new staff. Introducing Dr. Jennifer Strawn as the Acting Executive Director for ONS.

Danielle talks about what the communications team has been doing (slide 3). Highlight some of the work nurses have been doing to make a difference. Nurses take High Reliability Organization (HRO) principles and make a difference in patient care. Nurses make a difference in conjunction with other health providers. She encourages the NPC to look at videos of great stories. Watch and share with your constituents.

* [VA Nurses Making a Difference –   
  It's About the Veteran](https://players.brightcove.net/2851863979001/default_default/index.html?videoId=6259134614001)
* [VA Nurses Making a Difference - Commit to Zero Harm](https://players.brightcove.net/2851863979001/default_default/index.html?videoId=6270411219001)
* [VA Nurses Making a Difference- Learn, Inquire & Improve](https://players.brightcove.net/2851863979001/default_default/index.html?videoId=6275501597001)

You have to be proud to be a VA nurse. Inspired by the work that is happening.   
Started to work with VHA’s Workforce Management and Consulting (WMC) office to pull information about the hiring process. There are challenges around hiring and onboarding. During COVID the challenges were highlighted. By working with WMC they could get more details about segments of work with issues, best practices, etc. (Nursing Workforce Strategic Plan calls-can look at each network to identify challenges, successes, etc.)

National time to hire is an average of100 days (Slide 5). HR Recruitment Tracker Dashboard. With this information we can ensure facilities are maximizing hiring strategies. Where are the challenges, etc. Some local facilities are paying sign up bonuses, overtime rates. Based on where ONS started, have started some work that they hope will impact onboarding times. Karen is doing some work to decrease the onboarding time in the field.

Irma-NNU suggests (sent via e-mail):

1. Each VISN establish a VISN NPSB for Hiring/appointment Only.
2. Each Facility in the VISN could appoint 5-7 RNs to the Board; This would allow enough staff available to have a NPSB session M-F
3. Each day say 2pm-4 pm the members would meet to address just hiring and appointments.
4. Each person would only have 1 2-hour block a week to serve.
5. Staff the NPSB with HR support and the Clerical Support so the Board decision is written and signed in the same session.
6. The Only delay would then be who it has to go to for the Approving Official.  I would recommend that also be delegated to the Chief Nurse of the VISN.  This allows consistency and VISN staff working with VISN staff to make this happen.

This process would have a NPSB meeting every day so that if there was an emergent hire it could be directed to the Board that day for action.  This looks like this process could decrease the days from 24 to 1-2 for the hiring NPSB portion.  It would also have consistency across the VISN with hiring practices for salary appointment.  The VISN NPSB would have access to the salary data for each facility and so that would not be an issue.

Irma suggested this to VISN 7 this week at the VISN NPC as well.  I am aware there is a renewed push to do away with the NPSB, but that has been discussed for years with no real action.  We need an action plan to handle what is not.  If it happens later down the line, then this VISN Board can be disbanded just like the local ones will be.

Karen-they are doing something similar. VISN consultants are working with facilities to talk about these things. They are working towards something like this.

Any questions for Danielle? Mark Bailey-Why does there seem to be a problem with consistency throughout VHA with onboarding as well as grades? In VISN 4 Health Techs will be downgraded. Nursing assistants were downgraded to GS-5s. LVNs, LPNs have difficulty receiving appropriate salary. Who controls the Functional Statements? Is HR working with ONS to create the Functional Statements? Outside world is increasing salaries and the VA is not. It will become harder. Mark referring to an error with payment, issue with debt, etc.

Karen-presenting the slides and will address Mark’s concerns.

Initiatives developed to support, recruitment, retention, onboarding and clinical practices of nurses. Important nurses are working without the barriers.

Hiring onboarding actions (slide 3)-Policies will go to them for review and comments. Using Nurse Professional Standard Board (NPSB) consultants to work with ONS, VISN, HR looking for opportunities to improve recruitment and retention.

Have National Nursing Recruiters, they are part of ONS. Slide 4. Trying to allow nurse recruiting function to be the same throughout the enterprise. The have one nurse recruiter in each facility to head this.

Slide 5- Fiscal Year 2024 Legislative Proposal submitted to create national funding to expand opportunities for Registered Nurse transition into clinical practice and, support VISN CNO/ADPCS ability to fill vacancies/onboard new graduates.

In collaboration with WMC, ONS Recruitment and Retention Consultants are developing standardized position-specific templates to support Nurse Recruiters and Nurse Managers to ease their workload and eliminate redundancy for posting positions at facility level.

Clinical Staff Support-Understand the hardship of the nurses. Have heard from leaders of the day-to-day struggles. OS wants to remove barriers; nurses need to have right supplies and resources. Fatigue issue-ONS implemented a workgroup to address the effects of compassion fatigue related to pandemic. (Slide 6).

Slide 8- Rulemaking allowed to develop National Standard of Practice. Rulemaking happened 2019. Looked at every nurse practice act. Long and tedious process, but it will provide with highest level of practice. The care a Veteran receives in one VA will be the same as the care it received in another facility. Takes a great deal of time to go through standards. There is much more to come on this.

Legislative Proposals submitted 2024.

1. Amendment of Policy regarding the Pay Limitation for APRNs, RNs, and Physician Assistants (PA).
2. Reimbursement of Continuing Professional/Medical Education for all full-time Board-Certified Pas and APRNs.
3. Amendment to Expand Coverage for Nurse Executive Special Pay.
4. Ensuring a strong and capable nursing workforce to meet VHA Missions (to establish dedicated funding to expand VHA nursing residency programs).

Westmoreland, Irma L. Chat Box: What about Residency Programs for New Grad NPs. I have found this is an issue. Very Poor orientation and sets them up to fail.

Mark Bailey Chat Box: What makes anyone in the Department believe you will maintain and keep nurses when you are bringing RN'S and LPN'S on at higher grade levels then the current RN'S and LPN'S.

Moore, Claudia Chat Box: I have LPNs and NAs who go to school to be an RN and yet they are not converted to RN and they are being told they don't have any experience, go out and get experience. Some employees can't work more than one job. If hospitals don't hire new grads how will anyone ever get experience??

Karen-lack of residency program is a barrier. Karen acknowledges issue.

Bill-Karen what is a residency program for nurses? Answer-Same as a doctor’s program. A novice nurse has some novice time, and the residency helps them go from student to professionals. Nurses did not have these types of programs. Coming late to the game.

Danielle-They have had clinical rotations but not residency programs.

Polnak, Christine Chat Box: We should look at the same idea for NAs and LPNS

Westmoreland, Irma L. Chat Box: We are hemorrhaging RNs all over our facilities and need real true answers and actions to recruit and retain the needed RNs

F/U Questions:

Burke, Mary-Jean Chat Box: For nursing program- Why some VISN allow certain Locality schedules like OR but, VACO notes no, they can't have them. But they exist in other locations so, disconnect with interpretation of CCOE VISN and VACO - policy. Please publish interpretations online in ONS. Issues of travel nursing using own staff within VISN - creates a silent solicitation and new conditions of employment. I am not talking about regular /routine travel RNs. Please examine as data point inpt. med surg areas the prevalence of "regular schedules" and routine consecutive days off- Legislative proposal in regard to better preparing for emergency response in regard to cadre of professionals that can be plugged in - Issue routine detailing over and over again the same folks, not honoring contracts for seniority, creates issues when the AUM, head RN and nursing education does not orientate the nurses and the ones that get pulled are nurse extenders. Legislative funds needed for Associate degree program -- maybe even within VA itself. Also issue EDRP /NNEI with how NA/LPNs move to RNs -- they should not lose money-- and Physician Assistants chief and physician assistants don't want to be up under the office of nursing. Suggestion profile the stories of our employees -- they are truly inspirational folks.

Westmoreland, Irma L. Chat Box: Issues on detailing RNs with 2 days of training or 1 week of training for ICU with nbo ICU experience. What is Nursing CO doing to support this need for all this staffing by detail trends.

Polnak, Christine Chat Box: It’s also happening in the CLCs Irma

John Stead-Mendez Chat Box: NNU has grave concerns about the push for National Practice Standards. We anticipate inconsistency with the state practice acts and are concerned with the predictable undermining of state boards. This could put RN's and other HCP licenses and livelihoods at risk. Our questions are 1) you said we are about a year out from national standards. How will standards be developed? What’s the process? 2) who will participate in that development and how will unions be notified 3) what role if any will Veterans play in developing national standards and ensuring they receive the highest standard in the nation?

Shapiro, Jeffrey J Chat Box: I think MJ hit all the points, but I would like to raise the fact that these new hire nurses less than 5 years will be gone in the future. The Private sector is offering huge incentives as leave, money, benefits.  Second ARNP's should be outside of Nursing service. These are independent providers, and no Nurse supervisor should be evaluating these employees as they have no idea what they do. This is why we are behind the curve on ARNP's. The only nurse who will stay will be those in their mid-years 20 plus as they are close to retirement. Good luck but don't expect any real good outcomes.

**Booster Vaccine Communications Update**

**Jerry Michaud, Executive Director, Office of Communications (VHA)**

Communications slide-W=The Agency wanted to promote boosters. CDC came out with information about effectiveness of booster shots. Of those who are vaccinated only 40% seem to have their booster. The VA developed a campaign for Veterans and Employees. They developed a brochure about how to have a conversation about the booster.

COVID 19 Hot issues. Communications coming out. Testing now is available. You can get home testing kits. Worst enemy is confusion and misinformation. Trying to communicate but know so many things are changing.

Face Masks-N-95 are being provided. Guidance is being developed about its use and where to get your mask.

Communications about COVID-19-Omicron Updates. Booster campaign has taken a step back to this.

Bill Wetmore-The Department sends out things via e-mail, etc. Messages are long and busy. Recommend something short/snappy that goes out to all employees. He agrees with underlying message which this is crucial. We need to remind people we are still moving needle, people are still getting vaccinated.

If everything is loud, nothing is loud, everything seems to be an emergency, then nothing is. Dr. Stone used to talk on a weekly basis. Viewership dropped because it was always there. They are doing something different now, trying to report positive messages. They are trying to provide shot of positivity of what is happening in their networks.

MJ-Two compliments and two ideas-Homeless outreach in LA was well done. Recommendations-Do something similar to homeless outreach, show what makes the VA unique with an example.

75 videos for 75 year Anniversary. Up in YouTube. Voice of Veterans and Employees.

**NPC Nursing (RN) Recruitment and Retention Sub-Committee**

**Irma Westmoreland, Kevin Mitchell, Al Montoya**

Presenting on proposals: Review of late nursing proficiencies, Nursing Compensation, Use of best practices, and Enhanced scheduling options. Their focus can shift if needed. They will set out a path and goals they have identified to work towards.

The data that ONS presented this morning will be very helpful to this sub-committee. Having good data is crucial. Having nurse recruiter in facilities is critical. Irma-very telling that they are going to be requiring a nurse recruiter at each facility.

4-Enhanced scheduling options.

Mark-Concerned with staffing levels at all facilities.

John-VA is constrained when it comes to compensation. Implementation of 72/80 schedule. Look at best practices and convince other facility Directors and Chief nurses to implement this. It is hard for facilities to think of a different schedule. The point of this sub-committee is to continue meeting to present to the NPC. Al is using that Program 72/80-what were the pitfalls of going to it? He created a toolbox.

Wetmore-Talked to ONS, have you showed all buckets to them? Do they like it or not? Answer-Dr. Taylor met with Al. Make sure we are not over promising and underdelivering. Point of questions-Are we making a recommendation? Are we endorsing some of ONS designs?

Chris-Self Scheduling is an issue…Flexibility and adaptability is a big deal.

Nathan: How do we fit within the scope of the NPC when we do not have authority to say-go do it. Irma-Once we have the data, we can make recommendations. Maybe recommendation to ask for endorsement.

Mark-Concern we put together a working group, they are using this data why can’t we partner to solve this problem.

The idea is to gather data and make recommendations. Are the four buckets appropriate.

Al-already communicated the four buckets to ONS. Want to add an ONS member to the sub-committee.

**Thursday, January 27, 2022**

**VHA Priorities**

**Dr. Mark Upton, Acting Deputy Under Secretary for Health, Dr. Carolyn Clancy, Assistant Under Secretary for Health for Discovery, Education & Affiliate Networks (NHA)**

**Dr. Clancy**

Operational Update-Many things going on. Elephant taking over is latest Omicron surge. Showing a COVID-19 Dashboard. In the VA, we are hitting peaks every day. 63,0000 active cases. Have lost over 18,725 Veterans. Omicron surge is starting to decrease in areas in the Country. No one really has a clue on what is happening next (per a podcast she listened to). Dr. Stone commissioned a report on how we are doing. Showing a graph of COVID 19 tests and positivity rate. Blue line shows positivity rate, it is starting to trend down…There is a lot that we are not seeing because of home testing.

Have been keeping a close eye on whether we are at full bed capacity. We are seeing more and more people at a peak in bed capacity.

Some of COVID cases we are counting are people admitted for COVID, some are admitted for other reasons, screened, and are found to be COVID positive. We are still trying to figure out if there is a practical difference. She does not know what difference this makes.

Employee vaccination-she appreciates our efforts. SECVA McDonough issued a directive in all Healthcare. 99% of people in VHA have entered their information in LEAF. 89% are fully vaccinated-2 shots. CDC is using a new word “up to date” to define those that have gotten their booster. It is increasingly important to get boosted. 10%+ of employees have requested exceptions. A couple of thousand have not entered the information in LEAF. There is no change for SECVA’s original mandate.

Omicron Surge Update-Dr. Upton-He introduced himself and gave background about his current duties. Functionally he is Dr. Lieberman’s Deputy. He worked in the field and started as a volunteer. Wants to make sure we establish a relationship; he wants us to use them as resources. He thinks what we do is very important.

Vaccine data- There are a lot of intricacies in a complicated system like ours. There will be information coming out this morning, coming out from the Department. They want to keep our workforce and patients safe. Appreciate the union support as we work together in a very dynamic time.

Delta surge-peaked and then Omicron came in. Our hope, based on what we are seeing, it is appearing that we are peaking; seems like we are seeing improvements in hospitalizations and on number of employees not able to work. At peak of Omicron we were at 15000 employees not being able to work. Starting to see a downturn on trend. Navigating issues with supplies and testing. Well supplied when it comes to PPE and other equipment, testing, masks. Hope is as the year goes on, we continue to see a down trend.

Slide 9-Another thank you slide. VA special-when we as a system support each other, and partners in private sector and other places. This is our employees helping others. He went down to New Orleans, LA to help in an area where COVID was surging. He was so impressed about how many nurses and pharmacists were there helping. DEMS system. Inspiring how people are willing to volunteer and help those in needs.

REBOOT taskforce-Grateful for support of the Unions in this workgroup. Workforce is tired, burnout in healthcare is not new but with COVID it has been tremendously impacted. We looked at what will be a priority to us? How do we care for our workforce and make this a priority? Where do we start? How do we get the ball rolling? First, sent a message to the workforce, let them know we know this is an issue. They received many e-mails about issues and with thank you notes. Matured the information received to create this taskforce. We will not be able to effect change without workforce. Taskforce working with NCOD, bringing a group together…we need to support front line clinical workers, but the workforce as a whole is feeling this in different ways. They do not want to exclude anyone feeling this way. With Administrative focus, HR, included Jessica Bonjorni, and added administrative side of staff. Expanded group substantially with committees.

Every month there will be e-mails being sent, etc. We have an open line to them for more information.

Electronic Health Record Modernization (EHRM) Update- VHA has a vested interest to make sure we get this right. They want records that are modernized and can help the workforce. Voice of field and people using it is front and center. Support folks in Spokane as they continue to mature the system since they are the first using it.

What happens after the pandemic? How do we support workforce as we get through the current surge of the pandemic? How do we build on telehealth, etc.?

Dr. Clancy -Increasingly now mission driven employee is so critical. Nurses are so important. Future is unlimited. We had the foundation for telehealth. Many colleagues were not fond of Zoom meetings. For telehealth a big question is what will this look like? After pandemic many Veterans want to come back to face to face. Some folks like it, specifically to discuss mental health issues. Fair number of Veterans really like telehealth and may want to continue to do it this way. Looking for parking or driving long distances can get old. Expansion of broadband hopefully will help rural areas, older veterans with sensory issues. Partnering with firefighters, can help Veterans deal with technology.

Clinical Hubs-If we can pull someone from another Network, Medical Center, that can help Veterans. She sees no reason why we would turn back and go back to what we were doing. Front line employees are excited about innovation and want to be part of it.

This Administration-new day for conversations with union partners. Are we going to get it right all the time, no, but we need to try. We have turned the page.

Questions:

Bill-Just filed a ULP-non-compliance on a decision. The union did not have that many issues with the previous Administration not complying with decisions.

Response about what EHRM is-EHRM-Spokane-what is going right and what is going wrong? Some of the issues goes back to training -Dr Adiram (NAME?)-she has used the in DOD and could see immediately the problems with the training. A lot of this was complicated by the pandemic. This is still very early. People were doing a lot of work arounds. Goal is to get to a place where this is easier.

Dr. Upton-REBOOT-reducing employee burnout and optimizing organizational thriving.

Irma-asking about sub-group-are unions participating in main groups? He will share who participates in what groups and what are the different workgroups.

Irma-Bringing to their attention-still continue to get pushback on participation in committees, PDI, etc. Her Director in Augusta tells staff before telling the union, no input on development of policies. Example of an initiative of people getting testing to bring label… not a bad thing but there was no information. She had a lot of questions, yet they sent it out to staff. Response she receives when she asks about it, ‘we are in a pandemic and do not have time to send things to union.’ This is not what she hears from the top, you and SECVA, but the message is not getting translated down. She asked for an intervention and there is yet an answer. Leadership direction is not going all the way down. There has got to be strong guidance, requirements and repercussions coming down.

Dr. Clancy-message received. It will be a process. Is it not going to be perfect all the time.

Bill Wetmore-I did not hear Drs. Clancy or Upton tell us that things are fine in Spokane. On the contrary, they both spoke about two distinct issues that were going wrong- training and work arounds.

Burke, Mary-Jean-Comments on Dr. Upton re VVC metrics-- IT is fine that we have these aggressive metrics but, where in policy and policy enforcement in procedure is the requirement of allowing the veteran discretion of modality (this needs to be nationally templated).

MJ requested an AIR commission briefing.

**Under Secretary for Memorial Affairs (USMA) Priorities**

**Terri Beer, Director NCA Human Capital Management; George Cannizzaro, Deputy Director, Cemetery Operations**

**NCA -Presented a Video**

NCA Overview-Veterans Legacy

Top 3 priorities for USMA:

1.Promoting employee health and safety. They have 2100 employees in NCA, which is the size of medium size hospital. They used to have one individual watching safety program. They have exploded growth in this area. Now they have safety managers in each building. Working with unions on safety. Have done flowchart on suicide prevention.

2. Maintaining continuity of interment operations.

3. Educating workforce on the USMA’s 5 priorities, each employee has a card-mission-vision-priorities.

* Fostering workplaces free of discrimination, where everyone is respected and valued
* Maintaining National Shrine standards at our cemeteries
* Achieving access to burial for 95% of our Nation’s Veterans
* Expanding our partnerships with state, territorial, and tribal partners
* Promoting diversity and inclusion in our organization

Challenges:

* Potential impact on workforce morale, resilience, and availability due to ongoing surges in COVID cases.
* Waiting on finalization of a COVID testing program.
* Navigating various administrative and operational challenges that arise due to changes in COVID-related public health rules and guidance.

George- Introduces a number of interagency efforts, to find ways to be more mindful, and engaging for underrepresented groups. His team has been involved in suicide prevention, interagency taskforce on suicide prevention. There was an opportunity to provide resources and information-crisis intervention-firearm safety and things related to access to means to prevent suicide. People who visit a cemetery may be more vulnerable because it may be a sensitive place for suicidal ideation. They are working to get crisis intervention, suicide prevention to provide to employees but to share as needed with people visiting cemeteries.

Underrepresented…people who do not have access or direct access to benefits information. Trying to partner with institutions of higher learning. NCA conducted a data call to support a larger representation-outreach with Historically Black Colleges and Universities and others. They want to give people in those institutions access and information on NCA services.

Challenges-Vast majority of our workforce is customer facing, facility level employees. COVID is the theme, but with operational impacts to people’s personal life-impact of pandemic continues to be our focus.

Workforce morale and resilience-The NCA has higher morale, more resilience, engagement than VA average, but we are acutely aware that burnout is a reality. They have had a higher rate of interment than any other year. Cemeteries continue to grow and access to burials at VA cemeteries continues to grow.

Provide access to EAP-adaptability in leave procedures. Districts and cemeteries are tracking daily COVID cases and impact it is having on workforce. They want to meet primary mission, which is to complete interments for the day and ensure workforce is not overtaxed.

Dec 1-Jan 25th-over 200 NCA employees have tested positive for COVID. Over 10% of workforce. Everyone who is sick and tests positive -we want them to get well and to protect their safety, impact is very real for a small workforce.

Cemetery Directors-have a level of autonomy to work with their team. NCA is a relatively flat organization, which affords opportunities for Directors to work directly with their staff. 8-12 people is the average size of each cemetery.

COVID testing program-working on finalizing the program. Injunction does not impact it. It is important to promote customer and employee safety.

Administrative and operational challenges with COVID-Try to do the very best with the constant changing guidance. Trying to get information to the field as quickly as they can.

Flag placement-remembrance activities-ability to have people come to cemeteries again has been very helpful.

Trying to make sure managers know how to apply protocols when someone tests positive. Know how to follow protocols, report the positive tests-if they get a critical mass of people out, they need to know how to continue the operation.

They have bi-weekly COVID calls with the field and CO leadership that allows people to ask real time questions and help support.

Everyone has now been impacted in a personal way with COVID-For him-they are taking as human-people centered an approach as they can to afford whatever possible flexibility they can afford.

Claudia-thank you for what you do.

Chris-Thank you-we had intermediate forum meeting.

Claudia-how do you notify people they can come in and help clean tombstone? Add wreaths, etc. In Coatesville they are very much into servicing.

**OWCP Process**

**Frank Denny, Heather Nichol, Paige Avinger, Yvette Talley, Florine Witherspoon, Stephanie S. Burke (VHA)**

Introductions – VA OSH Staff (Heather Nichol, Yvette Talley, Paige Avinger, Frank Denny) VHA WC Program Manager (Stephanie Burke)

The Office of Workers’ Compensation Programs (OWCP) is the administrator of the Federal Employees’ Compensation Act (FECA). OWCP has the exclusive authority for the administration, implementation, and enforcement of FECA. Its main responsibility is to determine whether the claimant is entitled to benefits under FECA, including claims for COVID-19.

The FECA is the sole remedy for work-related injuries, illnesses, or death, and no other means for the recovery of damages against the United States is allowed under the Law.

The OWCP has issued special guidance on the handling of COVID-19 claims in the form of the FECA Bulletin 21-09 and FECA Bulletin 21-10 in response to the American Rescue Plan Act of 2021.

On March 11, 2021, the American Rescue Plan Act of 2021 (ARPA) was signed into law. This new legislation streamlines the process for federal workers diagnosed with COVID-19 to establish coverage under the FECA. Specifically, with respect to any COVID-19 claim made by or on behalf of a covered employee for benefits under the FECA, a covered employee shall be deemed to have an injury proximately caused by exposure to COVID-19 arising out of the nature of the covered employee’s employment. Performance of duty will be established; however, an employee is still required to establish all the other required elements of the claim.

The ARPA does not establish performance of duty for claims filed due to an adverse reaction to COVID-19 vaccinations.

The FECA pays several types of benefits, including medical benefits, continuation of pay, and compensation for wage loss, for conditions resulting from injuries sustained in performance of duty while in service to the United States.

Medical Care – examinations, treatments, and services such as hospitalization, medications, appliances, supplies, and transportation as prescribed or recommended by a qualified physician – there is no dollar limit or time limitations.

Continuation-of-Pay (COP) – An employee’s regular pay may be continued for up to 45 calendar days because of disability resulting from a traumatic injury, provided the claim is filed timely and the employee meets the other requirements for COP. For the purposes of the ARPA, COVID-19 is considered a traumatic injury.

Compensation for Loss Wages – In cases of disability beyond the COP period or when an employee does not meet the requirements for COP, an employee is entitled to claim compensation directly from OWCP for lost wages.

The FECA also provides for payment of monetary compensation to specified survivors of an employee whose death resulted from a work-related injury and for payment of certain burial expenses subject to the provisions of 5 U.S.C. 8134.

Under Section 4016 of the ARPA, the term “covered employee” means an individual:

* Who is an employee under Section 8101(1) of title 5, United States Code, employed in the Federal service at any time during the period beginning on January 27, 2020 and ending on January 27, 2023;
* Who is diagnosed with COVID–19 during such period; and,
* Who, during a covered exposure period prior to such diagnosis, carries out duties that—
  + require contact with patients, members of the public, or co-workers; or
  + include a risk of exposure to the novel coronavirus.

Under the ARPA, the employee is deemed to have had a covered exposure if, during the covered exposure period, he or she carries out (1) duties that require a physical interaction with at least one other person (a patient, a member of the public, or a co-worker) in the course of employment duties, or (2) duties that otherwise include a risk of exposure to COVID-19. The interaction does not have to be direct physical contact. Nor is there a specified time for such interaction, any duration qualifies. General office contact and interaction is sufficient. This includes but is not limited to interaction in shared workspaces such as lunchrooms, break areas and common restrooms.

In addition, the evidence should establish manifestation of COVID-19 symptoms (or positive test result) within 21 days of the covered exposure. Existing medical literature suggests that the incubation period of COVID-19 is between two and 14 days; however, the use of 21 days acknowledges an employee’s potential delay in seeking professional medical evaluation and treatment. The infected employee does not have to establish that the other person had COIVD-19, the risk of exposure is sufficient.

Teleworking Employees. An employee that is exclusively teleworking during a covered exposure period is not considered a “covered employee” under the ARPA. For such cases, routine FECA case handling procedures apply.

OWCP made a determination that COVID-19 claims should be considered a traumatic injury since it is contracted during a single workday or shift and advised that claims should be filed using Form CA-1. OWCP has developed a special CA-1 form in ECOMP for claims related to COVID.

Cases not expected to have large medical or extended disability may be administratively closed without formal adjudication. Cases in an administrative closure status are entitled to:

Medical bills for basic treatment do not exceed $1,500.

Claims filed within 30 days *may be* entitled to Continuation of Pay (COP), if otherwise eligible. Employees who are not eligible for COP, may file Form CA-7 to request compensation or to have their leave restored

Claims exceeding $1,500 in medical bills or claim for compensation is received will be formally adjudicated by OWCP for entitlement to additional benefits.

Employees who choose to file a workers’ compensation claim for benefits should do so electronically by filing the claim in ECOMP ([https://www.ecomp.dol.gov](https://www.ecomp.dol.gov/)). The ECOMP portal is available 24 hours a day. Employees are able to file a claim or check on the status of their claim from any personal device or VA issued computer with internet access from any location. Filing does not require VPN access.

In order to file a claim, employees must register and create an ECOMP account. To avoid delays in processing their claim, employees should:

* + Ensure they select the correct organizational facility. This may be confusing for employees and can request assistance from the local Workers’ Compensation staff before they file.
  + Ensure their supervisor’s email is accurate.

There are tutorials and instructional videos are available in ECOMP to assist with filing a claim or an employee can contact the local WC Specialist to help them walk through the process by phone or TEAMS.

There are many advantages to filing a claim through ECOMP:

* Permits an immediate notification of a work incident to supervisor and workers’ compensation personnel when a claim is filed.
* It also permits expedited transmittal of OWCP claims and receipt of a claim number because the form is completed directly in the OWCP system.
* Employees are able to track the progress of their claims in the ECOMP system
* Employees receive email notifications at every step of the process ending with assignment of an OWCP claim number.
* WC Specialists are able to track the claim and send notices directly to the Supervisor to complete the claim.
* For COVID-19 claims, OWCP has developed a special processing indicator to notify claims examiners that the claim is related to COVID.

In addition to filing the claim, it is an employee’s responsibility to:

* Submit initial medical evidence within 10 calendar days
* Provide updated documentation after each medical appointment to support both duty status and any request for either Continuation of Pay or Compensation.
* Follow all leave policy and procedures to ensure they remain in an approved leave status with their Supervisor.

**Case Adjudication Procedures under the American Rescue Plan Act of 2021**

In addition to meeting the normal claims requirements, in order to establish a claim for benefits, employees must provide medical documentation which supports a diagnosis of COVID-19. It is important to understand that simple exposure without contracting COVID-19 is not covered by Workers’ Compensation. There actually has to be a positive test.

In order to establish a diagnosis of COVID-19, an employee (or survivor) should submit:

1. A positive Polymerase Chain Reaction (PCR) COVID-19 or Antigen COVID-19 test result; this is a change from previous guidance as submission of an antigen test alone is now sufficient to establish the medical component of a COVID-19 claim.
2. A Positive Antibody Test
3. If no positive laboratory test is available, a COVID-19 diagnosis from a physician together with rationalized medical opinion supporting the diagnosis and an explanation as to why a positive test result is not available.
4. In certain RARE instances, a physician may provide a rationalized opinion with supporting factual and medical background as to why the employee has a diagnosis of COVID-19 notwithstanding a negative or series of negative COVID-19 test results. IMPORTANT Notes: It is important to note a notice to quarantine is not sufficient if there was no evidence of illness. Simple exposure does not indicate that an injury has been sustained under the FECA; Medical reports from ARNPs or physician assistants are acceptable - If a licensed physician cosigns the report.

It is important to know that home tests are not currently accepted to establish a diagnosis. Although home tests are very useful, employees who test positive should be advised to seek one of the tests listed above.

Based on the ARPA, the Department of Labor’s, Office of Workers’ Compensation will review all COVID-19 claims that were denied based on a lack of federal exposure or a lack of medical evidence establishing causal relationship (that work caused the injury) prior to March 11, 2021, to determine if the claim can now be accepted. This will occur without any type of request from the employee. If the OWCP determines that the case can now be accepted under the ARPA, the case will be reopened, and both the employee and VA will be notified in writing.

**Death Claims.** The criteria for determining whether COVID-19 was caused by federal employment is the same for claims which result in death. However, in death cases, the FECA program will also ask for evidence and records to support that the death was the result of COVID-19, or that COVID-19 was a contributing cause of death. This will typically include hospital records showing treatment, a hospital death discharge summary detailing the cause of death, and/or a death certificate but may also include other documentation depending on the circumstances of the case.

CA-6 Forms are submitted by the local workers’ compensation to OWCP when they are notified of a potentially work-related death. Based on this OWCP will provide any potential beneficiaries with claim forms and instructions. If no claim is made, OWCP will administratively close the case; however, it can be reopened. For this reason, is important for all parties – Employee Occupational Health, Safety and Workers’ Compensation to share information about potentially work-related deaths. In many instances, Safety or the Union has knowledge that can help expedite information to survivors.

Irma-People have to take their leave before claim is approved. Answer-it is possible they have to take AL or SL until approved.

Claudia-Local OWCP clerk is only in the station one day a week, does not have a cell phone, BUEs are very frustrated about this. Having these people telework all the time is not working. Answer-(Stephanie)That specialist should be able to jump in Teams and walk the person through the process. Stephanie Burke-VHA -writing all these to follow up. Chat Golden VISN OWCP person.

“you have taken the Human out of resources.”

Mark-Asking for contact information of all these presenters. Also asking for training for employees. Employees are being told they have to use their leave, when they go to OWCP. Some folks have also been coded as AWOL. OWCP should contact the supervisor.

Mark-thanks them for the presentation. He learned a lot. If it is taking union officials this long to learn it, and every time they learn more, it is complicated for employees.

Questions/Comments /Suggestions

Burke, Stephanie S. Chat Box: (HEFP/10NA5B) For VHA WC case inquiries that have not been able to resolve at the VISN level, please contact me.

Irma: Need documents used to apply for workers comp asked for docs to be sent to Denise and Denise can send to the Unions, Irma stated the system used to apply for workers comp (ECOMP) is not user friendly.

Irma: is 30 days the limit to put in a complaint, Yvette answered yes 30 days is the limit.

Burke, Mary-Jean Chat Box: This will come off potentially hostile-- No, COVID cheat sheet for supervisors.... they don't know what they are doing. Why does the Agency need nationwide template processing packets...releasing their health occupational health information- (EG shadow OWCP file from the agency)

Polnak, Christine Chat Box: DOL takes too long for employees to know their pay status, TK are posted typically out of their work unit, meaning we need a better communication plan.

Burke, Mary-Jean Chat Box: Heather- Are you a centralized death employee person for FECA--and does that FECA workgroup include hospitalization of employees?

Nichol, Heather M. Chat Box: @Burke, Mary-Jean I work for VA.  OWCP benefits do included hospitalization benefits.  Does that answer your question?

Burke, Mary-Jean Chat Box: nope- I gathered from your presentation you have been tasked specifically to work on a group for death claims. Is this true? If this is true, I believe this group should also include hospitalizations. These folks are not getting the claims in within 30 days.....Agency on the sly approving W and S leave or just using their leave

Burke, Stephanie S. (HEFP/10NA5B) Chat Box: Mary-Jean, I am tracking and reporting the death claims for VHA. We have not been tracking the hospitalizations at the National level.

Burke, Mary-Jean Chat Box: Thanks---I think we should---I can only imagine that we have at least 20,000 that have been positive---

Burke, Mary-Jean Chat Box: Denise/Alma- Can we circle back around to this topic?

**Ms. Grosso introduces Mr. Kurt DelBene, Assistant Secretary for OIT and CIO**

Bio- <https://www.va.gov/opa/bios/bio_delbene.asp>

Dewaine Beard- Executive Director, End User Operations • Development, Security, and Operations is joining to help with questions. Mr. Beard states he is looking forward to connecting with the NPC and Unions. He believes it is important to have a rich relationship with team. He believes we must advocate for the vision, user experience we want to have for those that we serve, whether Veterans or internal employees. He loves having the opportunity to give back. He provides personal background about his family history of public service---His father was a Veteran. His Stepfather was Navy. His mother was an alcoholism counselor. His daughter works in non-profit organization in Seattle that works with troubled youth. Mr. DelBene is married to U.S. Congresswoman Suzan DelBene who represents Washington's 1st Congressional district. He spent most of his career in Microsoft in Engineering team.

He is looking at VA and having an opportunity to be a role model in Government. He had two stints in Microsoft-He helped develop Outlook (spent years working on it). He left Microsoft and worked on healthcare.gov-worked on it when it crashed, helped get it back online. He went back to Microsoft-Lead corporate strategy (See more details in BIO) he comes from technical side but focused on customer.

He was involved in the COVID rethinking of work environment in Microsoft. Everyone had to work from home, new World, what does it mean to the new reality, what does it mean in terms of where people live, etc.

When he worked with Helthcare.gov, it was important to bring people together into functioning team. He was impressed by deep commitment people have on mission, from HHS and other Agencies. He is impressed with the VA as well; he has been in his role in OIT for three weeks.

He believes employees are the foundation of what we do. He wants to have deep engagement with employees to understand where they come from, career paths for people in the team- to expand opportunities for people. He wants to focus organization on what we need to do for stakeholders. Rally behind a common mission. What people do makes a difference-people need to understand that. Important to know what excellence looks like. Clarity of vision of where we want to go, having plans that are ambitious but achievable. Clarity of mission!

He is excited about this role and he will learn. He believes it is important to support diversity and inclusion. Deeply interlocking things. In their case they are 50% Veterans. He believes in inclusiveness-be in a welcome environment where people feel supported. Build on top of success the organization has had already.

Transforming employees from being in office to teleworking. Telehealth. Technology is moving fast, and it will allow us to do our work. Technology will enable us to do our work.

Questions-

MJ Burke: Policy 1065 (matching up private sector and public sector productivity -- providers specific) re: VVC metrics -- are they realistic (reference VVC metrics being in employee performance plans and therefore "selling" VVC)? These questions are VHA-related except for the metrics-delivery method.

Bill-Constant Problem-People asking for assistance fixing computer and it is not fixed, but tickets get closed. It is a giant problem. His computer was unavailable for three weeks.

Response-Yes, it is something mainly because of wrong metrics, and it is a problem in the industry. Issue is that at times they close tickets because that is what is being measured. Cannot be the only thing people are being measured on. Measure how many of those tickets are being reopened. They need to look at why. They have made progress but are not where they want to be. People will tell you what their overall satisfaction is. If people are unhappy that is what matters.

Bill Wetmore: Re: ePerformance, people aren't able to speak to their supervisors about performance until they take actions in ePerformance.

Response he will take a deeper look into it as he goes through more of the workstreams (Ms. Grosso also took a note on this issue). This is more of a HR policy issue than a technology issue. ePerformance has no mechanism for live communication, and we have other technologies for that purpose (Teams, outlook, etc.).

**SECVA Denis McDonough**

**Introduced by Ms. Grosso**

Goal of this Council is to work productively to help with good outcome for our Veterans. It is important to have a Strong Union workforce. He hopes that we have found that to be true.

Excited about decision to increase the minimum wage to $15. That is so important for our front liners-everyone is a front liner-mindful of food workers, health aides, housekeeping aids. However, he knows this not enough. The Agency is working on a package of investments. Important to have a human infrastructure conversation. He is happy employees received a 4 hour time off award.

He knows the Unions are concerned about staffing levels, know concerns predated the pandemic. He is working with Congress on workforce levels, pay caps. He is concerned about RN turnover. He likes that nurses have leverage in the market, but he wants to keep our nurses. Working with Congress to include the Raise Act to increase the nurses pay.

He continues to work on recruitment and hiring-Story on HR Modernization-This is routinely top three issue. He is waiting for help from Congress on emergency paid leave for people impacted by COVID.

He appreciates the way we have worked the vaccine mandate together. He knows it is likely not the way the Unions have liked to work this. We have more to do, must roll out soon on implementation.

Air Commission-He does not know that he would have chosen to do the AIR Commission. He asked for forbearance from Congress before we publish recommendations. A team has been working recommendations for some time. He will talk to us more about the recommendations. We need to sit down with Chief Strategy Officer (CSO) to talk about market assessments. He wants the NPC to get a copy of market assessments to review before he discusses recommendations with us.

MJ-How do we get a hold of CSO? Answer-Will work with Valerie Mattison Brown-Thought briefings with us were done about market assessments. Took a look at what was available in each of the markets. That was the basis of the recommendations that came to him. We should get a copy of that, analyze it, etc.

Also recommendations that he made to the Commission. They have until next Jan to look at those recommendations.

Feb of next year-President can agree or disagree. If he does not it dies. This is a very important, very consequential piece of action. He will talk to us about recommendation.

Bill-invited him to the March AFGE Semi-Annual meeting.

Bill-Vaccine-VA/AFGE contract provides that to get an exception/religious the employee has to say they have a religious belief and do not have to prove it. We are getting tentative problems of people in facilities pushing back. Concerned in a briefing there is no process to reassign them, where are you going to put these people?

Answer-he does not appreciate people questioning his religious beliefs. He does not intent to challenge the legitimacy of exception requests (both medical and religious). That said, he stated we reserve the right when it comes to patient safety and certain assignments. Proliferation of religious exception could affect patient safety, example if you are working in a spinal cord unit and you are not vaccinated…what happens then? We can try to provide a reasonable accommodation (RA), but there will not going to be an RA for every job. Not reasonable to have unvaccinated people taking care of spinal cord Veterans.

Mark-Concerns about VISN consolidating jobs, no union representation, no PDI. The Union finds out through employees and supervisors. Concerns that Biden said he will grow Union positions in federal sector, and it is not happening. There was not supposed to be more than 60 people in the VISNs. VISN Directors are not meeting. Partnership is moving slowly at the VISN level. VISN 4-Coders, placing them at Lebanon VA… If they go to Lebanon, they become AFGE bargaining unit employees. Management is trying to create bad blood between the Unions.

Answer- He is aware of the complaints about the VHA HR Modernization. He has heard about it when he travels. He is talking to HR and VHA about these concerns to address.

Jeff-Human Infrastructure-Some employees \_Example Physician Assistants are working more than 40 hours on a regular basis. Look into this. They are receiving 600- 700 Alerts. Not all these Alerts are emergencies.

Outpatient care and the future of VA-number of beds-this goes into the heart of the AIR Commission. Question-how much hospital infrastructure do we need going forward, how much do we need after the pandemic? The VA may be moving to outpatient focus. Let’s have a reasonable fact based, good debate.

**General Discussion about meeting, future meetings and other issues of importance to the NPC.**

Denise started discussion explaining the timelines for the presentations and that she realizes we did not have enough time for questions in some instances. She explains that people’s calendars are very busy and she was mainly able to get maximum of an hour for presentations. It was suggested that presenters be educated before the meeting that it is expected for the presentation to take maximum of 30 minutes to have 30 minutes of questions. Denise asked for help identifying in the agenda when certain subjects need more time.

Bill stated that it is nice to hear from presenters what they have done but he would like to hear more of what they are working on. We need to prepare presenters to hear about future initiatives to make the discussions more geared towards PDI. With that, we can take some time in the agenda to craft recommendations on the presentations.

The Strategic Plan has been added in Word version to the Teams meeting files folder. Many asked for all the documents in that file folder to be submitted via e-mail, as retired NPC members do not have access. The idea is for the NPC to work on the Strategic Plan before the next meeting. Nathan requested assistance on this task from the NCOD, who stated they do not do this type of work. However, Nathan asked John Boerstler, Chief Veterans Experience Officer, Veterans Experience Office (VEO) if they provide assistance with the development of strategic and operating plans. We are waiting for a response.

Tom is cleaning the Charter and will submit it to everyone for one final review. Once finalized the idea is to have everyone sign and ask if the SECVA is available to have a signing ceremony/meeting where he can sign as well. Nathan suggested that instead of having all members of the NPC sign, it may be easier to have the leadership of each Administration sign. Consensus was all members signing, like historically done.

Next meeting discussion-Save the dates had been sent for meetings the rest of the year. Jeff suggested we move the dates away from Easter as the cost is higher. AFGE expressed concerns about dates because they will be in negotiations two weeks every month starting in March. After back and forth and discussion of the need to have the meeting face to face, it was agreed to schedule the meeting for May 17-19, 2022 in Washington DC. That way we can try to have a signing ceremony with the SECVA. To ensure progress on initiatives is not lost, the parties agreed to meet virtually in between meetings.

**Due outs-**

Collect all unanswered questions and submit responses.

Send calendar invite for next meeting.

Invite SECVA in hopes NPC can have a signing ceremony with him.

Plan Strategic Plan session and send to all to start making changes.

Send clean draft of Charter to all members.

Complete minutes and send to all members for comments before making final.

Send all slides to NPC Members.

Schedule a follow up meeting to continue discussions about Worker’s Comp process for those impacted by COVID.

Schedule a follow up meeting to discuss AIR Commission market assessments.

Question from MJ-Policy Unclear if VA 5810, OWCP Directive/Handbook is active?