**NPC Agenda:**

May 17, 2022**:** OWCP Updates; COVID-19 Leave and Benefits; 2022 All Employee Survey; RAISE Act

May 18, 2022**:** COVID-19 Future State Operational Plan; Office of Nursing Service Updates; GovTA; Retirement Coding Issues; eBenefits; AIR Commission

May 19, 2022: Whole Health; Veterans’ Legacy Memorial Program; Organizational Transformation Strategy; Electronic Health Records Modernization

**NPC Members:**

Alma Lee- AFGE Bill Wetmore- AFGE

Burke Mary-Jean- AFGE (Not present) Irma Westmoreland- NNOC/NNU

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

Kevin Mitchell- NFFE Claudia Moore-NAGE

Mark Bailey- NAGE David Palmer-SEIU (Not present)

Denise Biaggi-Ayer- LMR Nathan Maenle-VHA (Not present)

Doris Gruntmeir -OGC (Not present) Terri Beer-NCA

Michael Stephens-VBA Christine Polnak- SEIU

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

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

Phyllis Harris-OIT James Zeveski-VHA

**May 17, 2022**

Meeting began at 9:45 a.m. ET

**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 an introduction – hopefully the next meeting will be face-to-face.

Denise – We made this meeting virtual due to low attendance for face-to-face and the Secretary is on travel and could not participate in the signing ceremony. Agree that hopefully the next meeting will be face-to-face. The Secretary has signed the NPC Charter and the group will coordinate how to sign the document among the Members. The first two presentations of the day related to COVID -19 leave and benefits is meant to address the letter the Unions sent to the SECVA on February 17, 2022, regarding “Educating and Empowering VA Employees During COVID-19.” The presenters will cover the different trainings that are available for COVID-19 benefits and leave and rolling it out to employees and supervisors. The All Employee Survey will be discussed at 1 pm and the RAISE Act will be discussed at 2:30pm. Some of the presentation times have been extended to allow everyone to discuss the issues in-depth and not worry about running short on time. An updated agenda was also sent this morning to add an agenda item at 9:15am to discuss the VHA COVID-19 Future State Operational Plan. We’ll also discuss e-Benefits, AIR Commission. On Thursday we have VCS, NCA, OIT on information transformation strategy, and at the end of the day we will discuss the White House Task Force report as well as BUS code issues at some facilities. We tried to get Joe Swerdzewski, but the contracting process has been an issue to navigate, but we still don’t have the authorization to allow that, but we are hoping we can get him in for 30 minutes Thursday afternoon to help with the Strategic Plan. On Thursday we begin at 10am. We will add a presentation for Electronic Health Record Monitorization (EHRM) on Thursday.

**Office of Workers’ Compensation Program Updates**

* Yvette Talley, Program Analyst, Office of Occupational Safety and Health (OHS), HRA-OSP

Workers Compensation staff should be involved in the New Employee Orientation process to introduce themselves to employees and make employees aware of the benefits available. OWCP supervisor training is available for New Supervisors Orientation and OWCP Specialists provide annual supervisory training on the program. Facility leadership should be emphasizing the importance of this training.

ECOMP claim filing tutorials are available with employee and supervisor user guides which included video and text content. They are a step by step walk through of the process.

VHA Supervisor Toolbox is also available on VHA Supervisor Toolbox SharePoint. There is a shared mailbox that is monitored by OWCP Specialists and available for questions. In addition, there is a VHA Supervisor Best Practices Workers Compensation training that is very detailed. COVID-19 and American Rescue Plan Act of 2021 provides information for covered employees, exposure, how to file a claim, establish a diagnosis, previously denied cases and death claims.

NCA Workers’ Compensation SharePoint is also available on how to file a claim, ECOMP guides, OWCP Forms, Employee Responsibilities and COVID-19 Claim Guidance. This is available to employees and supervisors.

VBA Workers Compensation SharePoint includes Federal Employees’ Compensation Act (FECA) COVID19 information, FECA FAQs, ECOMP tutorials, etc.

TMS Worker’s Compensation Training for Supervisors is available and serve as a supplement to comprehensive supervisor training. This is recommended by OSH as a mandatory annual training. This could be available for employees as well.

Additional recommendations for reaching employees: Place FECA Rights and Responsibilities on employee bulletin boards, place DOL “File a FECA Claim for COVID-19” on bulletin boards, provide ECOMP employee brochure in NEO, Provide ECOMP supervisor brochure in New Supervisor Orientation. Links to mailboxes and SharePoint sites provided.

Resources:

* VHA Supervisor Toolbox SharePoint: [HR Route - General HR - Workers' Compensation Training.pdf (sharepoint.com)](https://gcc02.safelinks.protection.outlook.com/ap/b-59584e83/?url=https%3A%2F%2Fdvagov.sharepoint.com%2Fsites%2FVACOLinkHR%2FCoP%2520Home%2FVHAWMCHRD%2FHRD%2520Master%2520Library%2FHR%2520Route%2520-%2520General%2520HR%2520-%2520Workers%27%2520Compensation%2520Training.pdf&data=05%7C01%7C%7C43f5a8f9bdbd4788ffe308da2c7940fb%7Ce95f1b23abaf45ee821db7ab251ab3bf%7C0%7C0%7C637871196532169504%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=o3TQ0lMU38NFQFYZFjrf2QvPaUF%2BqQqd6BjqCK5GExc%3D&reserved=0)
* VHA WC Group Email: [VHA-WCP@va.gov](mailto:VHA-WCP@va.gov)
* VBA WC SharePoint: [HCS OWCP-CoP - Home (sharepoint.com)](https://dvagov.sharepoint.com/sites/VBAHRPortal/OWCPCoP/SitePages/Home.aspx?OR=Teams-HL&CT=1651778208005&params=eyJBcHBOYW1lIjoiVGVhbXMtRGVza3RvcCIsIkFwcFZlcnNpb24iOiIyNy8yMjAzMDcwMTYxMCJ9)
* VBA WC Group Email: [workerscomp.vbavaco@va.gov](mailto:workerscomp.vbavaco@va.gov)
* NCA Workers Compensation SharePoint: [Home - NCA Workers' Compensation (sharepoint.com)](https://dvagov.sharepoint.com/sites/VACONCAITBRAS/Safety/WorkersCompensation/default.aspx)
* OSH WC Group Email: [vaworkerscomp@va.gov](mailto:vaworkerscomp@va.gov)

Irma – The resource slides, is that available to staff and can it be disseminated to staff? Does anyone know where to find these? There is no central place for all these.

Yvette – You can disseminate these; they are available for anyone’s use, but we are open to suggestions on how to post it.

Irma – It looks available through you and supervisors but not staff. My suggestion is that each Administration has a workers’ comp site available even down to the facility level, where employees can access this information. Did you say TMS is available but not mandated?

Yvette – It was a recommendation by OSH that it be mandated and I will share your recommendation of having a SharePoint site that houses these resources.

Chris – I support Irma’s recommendation. In some VISNs, we do not have OWCP specialists on site, we have one person handling an entire VISN, which is difficult for them.

Yvette – Any questions related to the VHA Directive should be coordinated through the VHA OWCP mailbox and Stephanie Burke and Craig DeMello and I will pass this along to them as well. With COVID-19 there was a huge shift of being onsite to telework. A lot of VISNs have 100% telework now, but they should be accessible by email and phone if they are not present in the office.

Claudia – It’s important to have a person on station. Family members may show up with employees and there is nobody in HR to assist them.

Yvette – I can forward this concern to Ms. Burke and Mr. DeMello. Is this in VHA, VBA?

Claudia – I’m at a VHA facility. Some employees are not up to speed with computers, and nothing beats face-to-face.

Denise – This has come up before and I believe Stephanie did address it regarding a gov’t cell phone.

Chris – Maybe a quarterly training would be helpful, it could be onsite and open to all employees.

Yvette – Yes and perhaps a virtual training may work as well so there is a variety of available options.

Claudia – Agree with having an employee OWCP overview training option during NEO would be helpful.

Yvette – We received some questions as well from MJ and we have responses for those that will be sent out.

Denise – we will get the recommendations out to everyone. OSH Slides were made available to members in the Meeting Chat.

MJ emailed questions and responses:

Question-Attached is 1609, did the Agency give the union notice –in this regard?

Response (in blue)-The recent changes to the policy did not impact conditions of employment or working conditions of BUEs. VHA realigned its HR services to the VISN level and the updates were to reflect those changes for WC staff. Below find the current and new updates identified under 2.c. and 2.d of the Directive.

1. **REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive states policy and sets mandatory standards for managing the VHA Workers’ Compensation Program (WCP).
2. **SUMMARY OF MAJOR CHANGES:** This directive updates information about VHA WCP and includes the following major changes:
   1. Revises policy, roles and responsibilities in paragraph 5 for implementing, managing and evaluating VHA WCP.
   2. States mandatory standards for managing VHA WCP at all levels of VHA.
   3. Removes a mandate to create a local light duty assignment policy and requires that Department of Veterans Affairs (VA) medical facilities have standard operating procedures regarding accommodation of injured employees with physical restrictions due to their work-related injury (see VA medical facility Director responsibilities in paragraph 5.m.).
   4. Removes a mandate to create a local policy to inform employees of their option to elect or not elect Employee Occupational Health as a provider of choice to allow for flexibility in implementation but requires that employees are provided with their options (see VA medical facility Director responsibilities in paragraph 5.m.).
   5. Removes prior Appendices D-L which can now be found in the VHA Workers’ Compensation Guidebook at: [http://vaww.hefp.va.gov/guidebooks/vha-workers-compensation-guidebook](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fvaww.hefp.va.gov%2Fguidebooks%2Fvha-workers-compensation-guidebook&data=05%7C01%7C%7C10785f3fc2dd472a7abc08da3f5f71e3%7Ce95f1b23abaf45ee821db7ab251ab3bf%7C0%7C0%7C637891976401040752%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=pFAfxbwd3b1szVExJzdvuHYa9q9wnSbt3Kl3QDb1Z4Q%3D&reserved=0). ***NOTE:*** *This is an internal VA website that is not available to the public*.

Current VHA Dir. 1609

g. **Directors, VA Medical Facility (or VISN Directors in a Centralized Program).** The Directors, VHA medical facility (or VISN Directors in a Centralized Program) are responsible for:

(5) Establishing a local light duty assignment policy and standard operating procedures to ensure injured workers return to productive duty as soon as medically able.

(6) Determining if providing medical services to injured workers in the Employee Occupational Health (EOH) beyond emergency diagnosis and first treatment would interfere with the ability to provide treatment or service to Veterans; and establishing written policy to inform employees of their option to elect, or not elect EOH as a provider of choice.

Updated VHA Dir. 1609

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

(4) Establishing light duty assignment standard operating procedures to ensure injured employees return to productive duty as soon as medically able by providing light duty assignments when physical restrictions are present due to their work-related injury.

(5) Determining if providing medical services in the EOH to injured employees beyond emergency diagnosis and first treatment would interfere with the ability to provide treatment or service to Veterans; and informing employees of their option to elect or not elect EOH as a provider of choice (see paragraph 7 for further information).

Q-Overall, I think issues exist in regards the system of Ecomp.  I would like to know if the VA Agency ever solicited the Union’s comments on how to make Ecomp more friendly for users (employees) once it was deployed?  I know the Agency has made recommendations to DOL but, it is shame that they did not come the Union’s in this regard.  I would change that moving forward.

* The ECOMP system belongs to, and is administered by, the Department of Labor (DOL).  If the Union has specific recommendations to improve the ECOMP experience, VA OSH can submit those recommendation to DOL; however, changes are within DOL’s discretion.

For example, until ecomp changes- an employee now is being asked  3 separate times for designation of rep, and still the access is only for the employee, (not the rep)---(1 time for the Agency in the shadow OWCP/FECA file,(which I believe does not have it’s own SOR, 1 time as a check mark on the CA-1 and 1 time when they(employee)  goes into FECA/ecomp and type in who  they want allowed to be their designation.   What the heck?    How is this legally right or considered not burdensome for the employee?

The question is in regard to multiple processes, for clarification:

* There is no designation of representation on the CA-1 or CA-2 forms.
* There is a form in the employee packet that authorizes release of page one (only) of the claim form to the Unions to advise them of the existence of a claim, this is not a designation to act on behalf of the employee.  This form is not a designation of representation and is for VA use only to comply with AFGE Master Agreement, Article 41, Section 3.F. which states at the time an employee files a claim, the employee will be asked to designate whether he/she wishes a representative of the Union be notified that the employee has filed a claim, and/or to receive a copy of the claim.
* A full designation of representation form, to include the claim number and date of injury, must be completed by the employee to allow a representative to act on behalf of the employee.  This representative may or may not be a Union steward.  Please note, this form is for use by both the VA and DOL.
* A recent ECOMP updates permits the designation of a representative to access imaged information within the ECOMP system.

Second – obviously, since moving to ecomp—and this VISN OWCP method, Supervisors were never trained in using ecomp.   Ecomp has changed as well since deployed.  So, I identify a problem that formalized training needs for supervisor to occur because, believe it or not, the folks who are training the employees is either the VISN OWCP or the unions.

* When ECOMP was launched, VHA Workers’ Compensation Program Manager offered multiple Supervisor training sessions, across all tours of duty, to ensure that Supervisors had the opportunity to attend.  Additional questions about VHA Supervisor training opportunities should be referred to the VHA Workers’ Compensation Program Managers, Stephanie Burke and Craig DeMello.

Additionally, with the 301 on the front, it is not intuitive at all how to get to the CA-1, if feels like that design is on purpose. The contract, as well as this policy, has supervisors with the responsibility of instruction. I believe, especially since COVID the 301 should be separated out, for variety of legal reasons. I know that the Agency does not want to do this but, if the choose to keep it on there – IT should not say ECN because it (the number) is not technically a correct legal term, until it becomes a FECA claim- correct?

* The ECOMP system belongs to, and is administered by, the Department of Labor (DOL).  If the Union has specific recommendations to improve the ECOMP experience, VA OSH can submit those recommendation to DOL; however, changes are within DOL’s discretion.  For clarification:
* Upon completion of the OSHA-301, employees who wishes to claim for FECA benefits in relation to the reported injury or illness may click “File CA-1 or CA-2 based on this OSHA-301” to initiate a form CA-1 or CA-2.  In addition, employee has the ability to return to the OSHA-301 and elect to file a claim at a later time.  The information in the OSHA-301, which serves as VHA’s incident reporting system, populates into the CA-1/CA-2.
* The ECOMP system automatically assigns the OSHA-301 and the CA-1/CA-2 an independent six-digit ECOMP control number (ECN) to track the forms in the ECOMP.
  + OSHA-301s are not assigned a FECA claim number.  All OSHA-301 do not result in a FECA claim; it is the employee’s option whether to proceed with filing a FECA claim.
  + When a CA-1/CA-2 is transmitted to DOL it is assigned a nine-digit FECA claim number.

Third- Although, LWOP is an option for filing, when pending COP, it is not functional, as it is crap shoot if an employee hits that button, in VATAS to get paid. So, essentially, you are requiring employees to use their leave pending adjudication of the COP.  I feel this is not really correct.

* Employees have the option to elect Continuation of Pay (COP) or to use their sick/annual leave at the time a CA-1 is filed.  The election is not irrevocable, the employee can submit a retroactive written request to change their election to COP.
* If an eligible employee has requested leave without pay (LWOP) in lieu of sick/annual leave, the employee can submit a written request to change their election to COP.
* An employee who is not eligible for COP and has requested LWOP, the employee can submit Form CA-7 to request compensation directly from DOL.

(4) Following VA leave policy and procedures for requesting any combination of sick leave, annual leave, LWOP or Family and Medical Leave Act, when absence occurs due to a work injury or illness. For further information, see VA Handbook 5011/34, Hours of Duty and Leave (Weather and Safety Leave), dated October 25, 20

How long is FSC being hung up with paying out these COP (exchanging the leave being place with the COP (restored)---)

* The is process involves multiples steps and multiple stakeholders.  The local Payroll office or the Workers’ Compensation Specialist must enter a ticket for FSC to create a COP account in VATAS.  Once the COP account has been created by FSC, the timekeeper has the ability to post the authorized COP.  When the corrected timecard has been processed, any leave replaced with COP is restored to the employee’s leave balance.

How is the CA-16 in this policy being accessed by employees if the VA- VISN is the gate keeper on off hours—when the legal rule is 4 hours—does this policy require that it develop a local procedure for this?

* In accordance with 20 CFR 10.300, the supervisor and/or personnel representing the agency may provide verbal authorization outside of normal business hours for examination and/or treatment.  If the employer gives verbal authorization for such care, he or she should issue a Form CA-16 within 48 hours.  The employer is not required to issue a Form CA-16 more than one week after the occurrence of the claimed injury.
* The [employer](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fdefinitions%2Findex.php%3Fwidth%3D840%26height%3D800%26iframe%3Dtrue%26def_id%3Dbcfa4df399ec7f5d5b25f923a71d8043%26term_occur%3D999%26term_src%3DTitle%3A20%3AChapter%3AI%3ASubchapter%3AB%3APart%3A10%3ASubpart%3AD%3ASubjgrp%3A51%3A10.300&data=05%7C01%7C%7Cc4f577cffe8343b09aae08da3f4f0e3f%7Ce95f1b23abaf45ee821db7ab251ab3bf%7C0%7C0%7C637891906019675108%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=H6dFNhydnPN8q8k7UxFcdvBJYy1ukNHHxiqoth%2BSqVk%3D&reserved=0) shall issue Form CA-16 within four hours of the [claimed](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.law.cornell.edu%2Fdefinitions%2Findex.php%3Fwidth%3D840%26height%3D800%26iframe%3Dtrue%26def_id%3D4e4e0f5e79b73ce3f958544765eda018%26term_occur%3D999%26term_src%3DTitle%3A20%3AChapter%3AI%3ASubchapter%3AB%3APart%3A10%3ASubpart%3AD%3ASubjgrp%3A51%3A10.300&data=05%7C01%7C%7Cc4f577cffe8343b09aae08da3f4f0e3f%7Ce95f1b23abaf45ee821db7ab251ab3bf%7C0%7C0%7C637891906019675108%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=XZpZnUZcP9zNACSvXayWV5ozqIoGfekDY09zW1MhhgY%3D&reserved=0) injury.  It is important to note that the employee must provide the full name and address of the qualified physician or qualified medical facility to whom they wish the CA-16 to be issued.

Where I our (union involvement) in this?

(3) Developing, implementing and tracking WCP performance measures; compiling and dispatching data reports for use by appropriate stakeholders (e.g., VISN and VA medical facility management, human resource officers (HROs), and key officials) to evaluate the effectiveness of VHA WCP nationally, at VHA program offices, VISNs and VA medical facilities. ***NOTE:*** *VHA WCP performance measures are based on DOL’s Protecting Employees, Enabling Reemployment (PEER) Initiative; more information can be found at:* [*https://www.dol.gov/agencies/owcp/FECA/pe*](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.dol.gov%2Fagencies%2Fowcp%2FFECA%2Fpe&data=05%7C01%7C%7Cc4f577cffe8343b09aae08da3f4f0e3f%7Ce95f1b23abaf45ee821db7ab251ab3bf%7C0%7C0%7C637891906019675108%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=3ie3btukKnFDeqjMA69oX12v8GkZ8YwFR2r0ja1%2BI50%3D&reserved=0)

* Questions related to VHA Directive 1609 should be referred to the VHA Workers’ Compensation Program Managers, Stephanie Burke and Craig DeMello.

**Updates to COVID-19 Leave and Benefits - HRA-OSP**

* Margaret (Meg) Martella, Supervisory HR Specialist, OHRA – Worklife and Benefits Service

Topic Overview: EO 14043, Leave to Receive Vaccinations, Weather and Safety Leave, Quarantine Guidance, Travel Guidance, Voluntary submission of Vaccination status.

Update provided on April 7, 2022, the U.S. Court of Appeals opinion lifting the injunction on requiring COVID-19 vaccinations for federal employees. The Federal Government is awaiting procedural steps for moving forward. The injunction stays in place until those procedural steps are provided.

Employees may receive up to 4 hours to travel to receive the vaccination. Employees may receive up to 8 hours for vaccination and possibly more if supporting documentation is provided.

VHA Health Care Personnel receive duty time to receive the vaccination. No leave requests are entered.

VHA Non-Health care personnel and all other VA employees request Authorized Absence (AA) and receive it for vaccinations.

Employees receiving booster shots also receive AA when they meet the criteria. Employees may receive up to 4 hours and it is coded as AA (LN) for both healthcare personnel and non-health care personnel, since it is not required.

Employees required to quarantine/isolate are encouraged to notify their supervisor to determine the appropriate status – VHA Health Care Personnel (HCP) are subject to different CDC recommendation regarding quarantine/isolation. Online CDC tool/link provides this guidance.

CDC Quarantine guidance is determined by vaccination status and confirmation of diagnosis. Isolation and Close Contact Exposure information was shared.

Weather and Safety Leave – may be granted when employees are required to quarantine or isolate, as advised by a health care provider or CDC criteria. Up to 3 days of weather and safety leave to employee who has symptoms and is isolating while actively seeking testing. Incapacitated employees may use sick leave, advanced annual/sick leave, annual leave, restored leave, credit hours or compensatory time. OCHO Bulletin has been updated. Weather and Safety leave should not be used for employees who have COVID-19 or can telework.

Travel Restrictions and Guidance – VA follows Safer Federal Workforce Task Force guidance and CDC. Limits on travel are related to vaccination status. Fully vaccinated employees do not have limitations. Not fully vaccinated employees are limited to mission critical travel. Supervisors must know if the employee is vaccinated-not vaccinated and those who do not disclose their status are treated as not fully vaccinated.

Voluntary Submission of Vaccination Status – disclosure is not required for most VA employees if not covered under VHA Directive 1193.01. Employees are encouraged to use VA LEAF system for vaccination status or provide the information to the supervisor. VA Form 10230 may be used to provide status, if an employee elects not to use LEAF.

Denise – is there any other training available or resources for employees to get this information? What is the status of emergency paid sick leave?

Meg – Emergency paid sick leave has not been approved, though we have asked Congress to extend it. There are no active programs at this time. When information is communicated via a OCHCO bulletin, it is sent out to HR offices who should then distribute to employees. This information is available on internal websites but is not public facing.

Denise – Any questions?

No questions submitted. The meeting recessed at 11:30am and resumed at 1pm.

**2022 All Employee Survey - NCOD**

* Christopher Orszark, Management Analyst
* Joseph Hansel, Director of Organizational Health Initiatives NCOD

An overview was provided of the All Employee Survey. Particular emphasis was provided in the area of anonymity and confidentiality.

Irma – I understand the demographic information isn’t published, but if I’m the only RN who works in Health Administrative Service, that’s not demographic, so how is that confidential?

Chris – Since that would be less than 5 employees, your response would be captured under Heath Administrative Service, but it would not be captured by RN. Your response would be captured, but it couldn’t be broken out by the RN demographic category.

Upcoming survey will begin June 6 and continue through June 28. Survey is closing on Tuesday because of the Juneteenth holiday. August 29 data will be published. The AES introduction was made more succinct and to stress voluntary nature. FAQ on anonymity is provided in the introduction of AES. Focusing on data feedback by workgroup is essential for employees, which is why overall participation is pushed so heavily. Data is available for all employees after results are aggregated.

James – How many questions will be on the survey?

Chris – We’ve worked to reduce the number of questions. We’re at 59 questions which should take around 15 minutes.

Mark – For NAGE, I’m not comfortable with the AES but I’m not going to hold up this meeting.

Joe – We’re happy to discuss with you anytime the particulars of the survey.

Irma – I would like to see encouragement and requirements where the Union gets the data in a town hall and there’s no individual opportunity to ask questions from management or make comments as it relates to the survey. If we’re going to say we’re an organization that’s going to be an employer of choice we need to do more like a required briefing for the union and management, prior to it going to employees. It would be a great opportunity for us to look at data before staff gets it.

Joe – That is something we can look at.

Denise – Maybe we can schedule something with the NPC before anything is issued to workforce employees.

Joe – Yes, sometimes the Secretary’s office needs a few days before anything is pushed out. But we would work with you to get you briefed as soon as that data is available.

Mark – What positives, or improvements have come out of the AES, except to say that you surveyed and got a good response rate? The concerns seem to remain year after year after year.

George (NCA)– For my team I can share. One of our biggest issues was communication and we used the data to develop an action plan to address that. We added one-on-ones, added a recurring staff meeting to discuss project, IPTs, and to meet together as a staff to discuss things they would like to see. There is a lot that can be done when you’re using the information provided to you. This increase in communication has led to my team conducting a 1-week site visit to a cemetery. It can do a lot if you use the results.

Chris – That is the value of having those 20,000 workgroups respond, which is a great example.

Joe – Solutions to the issues raised in the survey come from the employees as well. That is the encouraging trend, where it shows incremental improvements at the employee level.

Mark – Many employees feel burnt out and overworked and its confusing to me how the data isn’t what the employees are experiencing and saying. From what I see, A doesn’t match B, because in VHA they have trouble recruiting and retaining and that speaks something different from the AES results.

Chris – Agreeing with Mark, we’re in the next round of front-line patient care providers of losing their job, so I’m interested in seeing those results for this year.

Denise – Are you talking about folks that are not vaccinated and losing their jobs?

Chris – Yes.

**RAISE Act - OCHCO/HR&A/OSP & VHA**

* Tracey Therit, Chief Human Capital Officer, HR&A/OSP
* David Perry, Chief Officer, Workforce Management and Consulting

David – RAISE Act did increase basic pay for APRNS, PAs, and RNs. Reviews of pay schedules has begun. Phase 1 pay will begin late June early July and be retroactive to March 2022. The technology side is getting in place.

Tracey – We’re happy to share any accompanying policy with our labor partners if you would like to see that. We’re trying to push out as much communication as we can regarding this and who it impacts, we’re open to any ideas on that. We know that errors can occur so we just ask that you reach out early so we can get those addressed.

David – We’re also holding VISN level briefings with the locals as well and making sure we’re answering questions and I like to hope we get it right 100%, but if we do not for whatever reason, please let us know early so we can get it addressed as quickly as possible.

John – We were lucky to get a briefing earlier so thank you. We have an open RFI on the discretionary portion. We’ve identified one issue we’d like to raise. With some of the outskirts or CBOC, the critical care would fall within the 10% review and then someone down the hall would not and that would create equity issues. Is it accurate that in a situation like that, the VISN or facility could suggest a raise for all or is it limited to the 10%?

David – We put in a mandatory review of discretionary of anyone at the 10%. There’s nothing preventing a facility from looking at that for equity or parity and it is something that they should be looking at, but we are encouraging them to look holistically at nearby facilities.

Tracey – It is mental health awareness month and so this is a general announcement from my monthly CHCO call, but if our labor partners have any ideas about employees and mental health we’re always all ears. In another area, we are looking at assessment tools to better determine qualifications of positions. STEM.

Irma – the RAISE Act issue, we’re getting questions about how does this affect us? They think that just because the RAISE act came out, they will get a raise. At Charlie Norwood they are not even close to a review or the cap, and I try to explain that to them, but it is very devaluing for them to hear that others are getting these higher caps and so much more money. These employees stay because of their commitment to the Veteran, the VA and service, but it’s sad that some of these people are not close to a raise and don’t understand why. And the vast majority of them are not bedside. I know the Directors have individual authority for pay raises and although the Secretary has said they want the disparities to be addressed, since we’re utilizing this national survey data which was published in 2019. What are we doing to publish current pay data? Is OPM looking at getting fresh, current data? What are we doing to make sure we’re not living 2 years behind with the cost of living?

David – The data we’re using now is 2020 so it is 2 years old, we’re a few months away from getting the 2021 data. Those are the tools we have although it is not real time. There may be some markets where it is lower, but across the board we do look at the biggest gaps.

Irma – The last data I received in December was from 2019.

David – You should have received 2020 data.

Irma – Can we get the 2021 data soon?

David – December is typically the general timeframe, and we have to get the data ready to be used. It’s a lot of data and manual systems and processing that we have to rely on. I can go back to the team to see what we can do to expedite but a lot of this is manual.

Irma – We can’t continue to pay our nurses so much less. If my nurse can go across the street and make 25% more, they’re going to do that and it’s a lowball goal to be at 75%. That’s ¼ of my salary. How can we keep them with that and what they were making 2 years ago? It’s not great. We have to do better.

Tracey – I need to partner with my colleagues in OIT to fix 6 months. And using solely the RAISE act should not be our only way to get to where we want to be. We also sit on the Federal Salary Council, so if there are things we need to see above 75% those ideas are welcome.

David – Technology is a better opportunity too and we are focused on it.

Irma - I know by law we can’t be the pay leader, but Tracey NNU has some things that we can send to you. We also know Directors have tremendous leeway in terms of what they can do.

Jeff – When we look at our nurses, the number of years in and committed to working for VA, we call that locked in golden handcuffs. It’s not just pay for them. But we’ve got to find young blood and the young folk don’t have golden handcuffs, they go next door. Looking at it a little bit different from pay, we’ve got to encourage people who want to make careers. We may be ahead of the curve now but we’re going to be behind it if we don’t look ahead.

Tracey – Student loan and debt reduction program, not wanting to have to work 7 days a week and 12 hours a day.

Jeff – It’s not uncommon to call us a family. VA employees can be generational.

**Day 1 Wrap up**

Alma – Did I sent you something about VA taking employees out of the BU?

Denise – We had an issue with VISN 19 reclassifying positions and they believed the employees to be confidential. We had a meeting with OGC and we went back to the VISN and they are not being taken out. We are trying to provide training on the exclusions in the statute.

John – I asked about discussion on this. NNU has been experiencing issues in Hines in Chicago and QM nurses, at North Chicago one of our leaders took a job in Recruiting which is not purely clerical. Generally speaking, this is a pro-Union administration and we’re not able to expand our ranks now it makes me concerned of what happens when the Democrats lose the House and Presidency. It seems like we should err on the side of inclusion, not exclusion.

Alma – When you take employees out of the BU, you put them in the VISN. We shouldn’t be fighting over who gets to represent them.

Gia – I think we should be able to have a conversation before elevating to the FLRA. Management is in a position where we have to follow the FLRA cert. You brought up the neutrality issue, we as mgmt. don’t have a position in regard to which union may represent employees, but in terms of waiving right to advocate for an appropriate unit, that is not something the Department generally does.

Denise – We’ll be happy to review cases, I don’t know about North Chicago, Hines. When we disagree with a facility, they can continue to move forward if they do not agree with our recommendation.

Mark – Why is there so much confusion between VACO, VISNs and the facilities? That confusion falls back on the Unions. In VISN 10 they’re moving their call center to Dayton. The VISN reps don’t understand the difference between telework and not. Employees have been briefed they’re going to work for the VISN but working at home, your locality pay is going to change. Why are folks leaving it to the Unions to research? Then you tell the unions, your VISN folks send out MOUs and saying the employees will stay in their respective unions, but then the HR reps in the VISN are filing with the FLRA about where they belong. Why is it the Unions have to dig and research to find information? You’re consolidating but every bargaining unit employee (BUE) is working from the facility they originate from or their home state. It seems to me the Agency is making a conscious decision to make the unions fight over the employees and take them down one by one. Everyone is going to stay in their union in the MOUs, and then the VISN goes to the FLRA to figure out who the employees get covered by. Why waste hours of bargaining time to keep their members.

Alma – I agree with everything Mark has said, it’s true.

Claudia – How are these consolidated units being organized in the VISN, when they were capped at 65? These silos are created with more positions and we were doing this work at the Medical Center.

Denise – I think we need to have the right folks to answer these questions. Jim who can do that from VHA?

Jim – The coding is under WMC, so Lauren Kuiper-Rocha could talk about the consolidation for them.

Denise – I think we need other people to explain more about the consolidation.

Gia – A lot of these decision are based on actual duties performed by employees so if the unions know of the duties that mgmt. is basing the exclusions on, that would help us to know so we can advise on.

Denise – Are there any other specific facilities doing this so we can try to find some information on this?

Meeting concluded at 4:00 pm.

Action Items:

1. NPC will be briefed by NCOD on AES results prior to general dissemination.
2. LMR will coordinate with VHA to schedule an NPC briefing on VHA consolidations.
3. Denise will draft recommendations made during the meeting related to OWCP training to submit to leadership.

Recommendations:

1. OWCP should make available consolidated resources for employees electronically, so they may be available on individual facility websites.
2. Quarterly on-site or virtual training available to employees on OWCP processes and general information.
3. Utilize technology to speed up RN pay data so it can be reviewed and analyzed in a more expeditious manner.

**May 18, 2022**

The meeting began at 9:15 a.m. ET

**COVID-19 Future State Operational Plan - VHA**

* Dr. Elizabeth Brill, Deputy Assistant Under Secretary for Health for Clinical Services
* Ralph Gigliotti, VISN 19 Network Director

There was a need to move into a predictable state with COVID since it is not going away. We’ve been working since March to find a way to move forward in this state. We developed a stoplight so there’s a green, yellow and red. We looked at all the different elements of patient care, staff behaviors and got input from a wide number of folks and to ensure we’re lined up with the other federal agencies like CDC. The colors are based on community transmission levels determined by CDC. Once a week, facility leadership is reviewing their County numbers and for that week publish their facilities color. To avoid constant fluctuations, we’re waiting for two weeks before switching the colors. This is meant to give people some predictability of what to expect. Signage will be at the facility as will the website.

Irma – Is there a point when the VA will say we’re no longer in an Emergency Status? A lot of VA’s are claiming there is an emergency not to bargain.

Dr. Brill – I know the emergency order was extended. I don’t have an answer because that emergency footing is coming from outside and we don’t want to step out from the White House or CDC.

Irma – We know, but you don’t have to bypass the union or give a union, when it’s not a red level. Many VA’s are utilizing that authority not to deal with their unions.

Jim – We’re always going to have some facilities that exert certain things, and from WMC our recommendations have been that we bargain to the extent that we should under Contract and law. We told VISNs to back off the emergency provision. If you have certain VISNs or facilities, let me know.

Irma – Is each facility going to make their plan off this one? Because this is not an exhaustive plan.

Dr. Brill – This isn’t an exhaustive plan but there are links provided for things like CLC, Spinal Cord injury, we want to give them flexibility to operate as they need to. For staffing, in the red zone you can still take care of patients and not shut everything down. But we do want to be sensitive to staff or space limitations that are very local and we can’t prescribe that at the VACO level.

Jim – With this plan, we really did use PDI.

Irma – Yes, I’d like to sit down and be involved at the local level for that planning.

Dr. Brill – I think that’s a good idea, any facility can use this as a start point.

* **Office of Nursing Service Updates – VHA**
* Karen Ott, Director for Policy, Legislation and Professional Standards, ONS
* Danielle Ocker, Executive Director for Policy and Strategic Planning, ONS

A general overview of ONS leadership and responsibilities was provided. Nursing workforce projections heat map reviewed. Post Baccalaureate Registered Nurse Residency (PB-RNR) shows a need to expand and initiate residency programs that suggests Residency programs are likely to stay beyond 2 years and if they go beyond 2 years they stay with VA for a greater period of time. RAISE ACT was passed. The National Nursing Leadership Council allows for nursing voices to be heard at a much higher level. VHA National Standards of Practice, for VA sets a standard of clinical practice not set by the state. VHA Nursing workforce goal to meet all 4 statutory requirements. VHA Strategic Pillars for next 10 years reviewed. Pipeline of Nurse Residents that is centralized and expanding Nurse Residency program for all incoming positions is being established. Investing in lifelong learning. Inspire a leading culture by implementing equity in compensation, work life balance, recognition, diversity, and engagement. Nurse Professional Standard Board (NPSB) elimination by July 2022 because it is viewed as a detriment to hiring and OCHCO and WMC was engaged to change policy to eliminate NPSB language in multiple handbooks. After that policy has been revised, engagement with labor partners for input is ready. The elimination of the NPSB has been a long time coming and dates back to a GAO report when Dr. Shulkin was USH.

John – Can you tell us about concerns we have with national standards and state standards, specifically that state boards will not discipline nurses inside of the system for practices they perform in national standards. What happens if a national VA standard does not meet a state standard, what happens to their license?

Karen – We had to look at every nurse practice act in every state and territory. Nurses let us know what that practice act allowed or restricted. OGC said that if we were going to recommend a standard for VA, it would have to exist in at least one state. But state boards themselves may not have anything in their practice act. We have to provide Veterans the same standards of care.

John – What if a state does not have clarity, so if a lower national standard is being operated under a higher state standard, the state could discipline the nurse for not meeting that state standard.

Karen – No, that cannot happen. I don’t think that’s anything to worry about. We’re studying the practice of a 1A facility. The state does not have the authority over Federal.

John – These are only a snippet of our concerns, and I sent the letter to Denise to ensure it can be distributed to you as well.

Denise – The letter about *VA Federal Supremacy & National Standards of Practice* was forwarded to the group.

Marilyn – RAISE Act, this bill is being touted as the best fix, but I don’t see anything about reporting to Congress on the effectiveness of the Act.

Karen – I was surprised as well but it’s all about recruitment and retention, so that is how we’re going to see the effectiveness. High cost of living areas is where the relief will be seen soonest. In the end, we will know if have been successful if we see that in recruitment and retention.

Marilyn – The sooner labor partners are involved and shaping things, the better.

Irma – The Residency Programs, I’d like to see all of our graduate nurses to be able to sit in those programs. Our NPs are thrown to the wolves and they have nothing and then they leave us because they’re exhausted. Within 6 weeks they’re taking care of 14 patients, no planned orientation system, they’re not supported.

Karen – We agree with you, they need a residency program and not having that is a disservice to them. I will bring you any action on that.

Irma – Yes but also orientation need something like that, they get thrown in and are sinking.

John – The expansion of the post baccalaureate programs.

Karen – If they are trainees, they receive a stipend as a trainee but at the end of that program they still need to be hired by VA. We are expanding and seeking funding to have a residency program in every facility.

John – There is a corporate healthcare issue about the ending of a brick-and-mortar hospital that is deeply concerning for us.

Danielle – It’s not unusual for VA to setup processes you see at private facilities, but we don’t have any information on that. We will get back to you.

Irma – We are concerned about nurses being terminated for the vaccine issue, who are seeking reasonable accommodations for exemptions, we are at critical mass regarding shortages. What are we going to do when we have to take these nurses out of bedside? What is your plan for staffing these hospitals?

Danielle – the focus on employee and patient safety has always been the primary reason for vaccines. They are trying to look at opportunities that may not be at the bedside, in general nursing as a profession, private hospitals also require vaccinations. If patient care cannot be maintained.

Irma – We are continuing to fill non-bedside positions from the outside. Why are not focused on filling bedside positions? There are people that do want these acute care positions or CLC or spinal.

Karen – I remember you voicing this concern pre-COVID.

Irma – Yes, why do we get it at this level but it’s not going anywhere.

Kevin – I can’t applaud you enough for getting rid of the NPSB. I’m happy to sit on any committee to help support to get this done in whatever capacity.

Denise – I will send a formal message to make sure we get the volunteers. This isn’t done, we still want that input.

Karen – Yes, it’s still in draft form.

Chris – For anyone working at the bedside, we’re sending a bad message to the staff who have been here for a long time. Now we’re saying you were good enough then but not now if you aren’t getting vaccinated. We’re slapping them in the face with this decision.

Jeff – It’s taken us 8 years to get this right. The VISNs and MC Directors are their own little kingdoms. The VISN and the MC Directors are swearing allegiance to each other. VACO can’t function the way these VISNs are set up. The middle managers and senior leaders are running amuck.

Mark – I don’t hear much discussion about Health Techs, Nursing Assistants, it seems these people are being downgraded. Every time LPNs, Nurses get pay increases, they get nothing, and they are starting to leave. When will VA make a fuss about this group of individuals? There is a lack of tuition support or reimbursement for them.

Karen – There is something we’re just starting as an initiative. Jade Moore and I have started talking about providing NAs with certification training to keep their grades. But we are considering that for NAs. For Health Technicians, they are looking them for hybrid status, so there are projects we are looking at.

Jim – I’m not familiar with NAs being downgraded. Mark if you give us some documentation, we can look into it.

Irma – What is nursing doing to improve opportunities for alternative work schedules and 72/80 schedules?

Karen – There has been a lot of discussion on the use of 72/80 schedule. I can commit to providing more information on that.

Meeting paused at Noon for lunch and resumed at 1 p.m. ET

Union Volunteers for NPSB:

AFGE: Barbara Casanova Whitson

NFFE: Kevin Mitchell

NAGE: William Owens

NNU: Irma Westmoreland

SEIU: Debra Fisher

**GovTA – Financial Services Center (FSC)**

* Brian Huff, Director, Financial Payroll Service, Financial Services Center

Information provided the transition from WebTA to GovTA, which is similar to WebTA but with regular updates and improved 508 accessibility compliance. Extensive training will be available for employees and moving forward with the transition.

Phyllis – Will everything transfer into the system? Such as timekeepers?

Brian – Everything will transfer over.

Irma – When we went to VATAS we had horrible problems with pay. There needs to be major testing before this is completed. Last time we had whole issues with hospitals not being paid.

Brian – Yes, that was a little different moving from one system to another, but we are doing extensive testing.

Irma – I would like to see the demos to see what we’re doing. What is the date to start?

Brian – We’re looking at Fall of 2023.

Irma – Will errors be able to be fixed faster?

Brian – Yes that is a selling point for this.

**Coding Issues**

* David Perry, Chief Officer, Workforce Management and Consulting

We have a payroll issue that we’re working through, approx. 217 current employees and about 400 total. Employees are receiving both a special salary rate and locality pay. There is an error that has been made. We will be notifying our labor partners by the end of this week. The correction will stop the overpayment, slated for June 9th. Making that correction will establish a debt, so we will work individually for each record to submit a waiver to get that debt hopefully removed. It will take some time to get that through and we will work with DFAS to get that debt on hold. The leave and earnings statement (LES) will identify the debt and that its on hold, so no debt payment will get taken out until we move through that debt waiver. We’re going to see what we can do on the HR Smart side too. We will be monitoring every pay period. I don’t have specifics on the population impacted, the letters will go out by Friday to employees for their June 9th paycheck, they will see a lower amount. Phase 2 will be doing the audit to make sure we have the accurate amount of debt set, and then the waiver process.

Irma – Retirees or those that may have just left?

David – It could be both.

Irma – Can we get a list of the employees?

David – I’m not sure if we can release the list because it has pay information.

Irma – Can you get something added to the letter about working with their union rep?

David – We can add that through the email correspondence, but I’m unsure about the snail mail.

Chris – But maybe we could at least get the names, not their pay information per se but the people.

David – We plan on notifying the VISNs tomorrow and we’ll see and take that to the VISNs.

**eBenefits – Workforce Management Consulting (WMC)**

* David Perry, Chief Officer, Workforce Management and Consulting
* Elizabeth Mumley, Deputy, Strategy & Operations Director, Center for Enterprise Human Resources Information Services

Overview of automated benefits processing built within the existing HRSmart system. This will reduce the errors associated with the current existing manual process. Open Season, Life Event Benefits, FEGLI and TSP. Pilot will begin in October 2022. The pilot will determine the roll-out schedule.

Irma – This list is only those things you had on the slide? Not for FMLA, just live changes. Will you train people? If you’re not going big enough you won’t get enough to actually test it.

David – Yes, just live changes. We chose VISN 8 because it’s the largest. This is the initial briefing and we’re getting IBM to configure to get it ready and focus on the training that is needed which will be multiple sessions. Live training will occur. We will use a marketing campaign because it is voluntary. Typically pilots are 30-40% so we’re hoping for approximately 15,000 people.

Irma – Will you show us a demo?

David – Yes, absolutely. We can come back to NPC for a demo when we have something ready in about a month or so.

NPC on break from 2:15 – 3:00pm.

**AIR Commission – VHA**

* Alfred Montoya, Senior Advisor/Senior Liaison, AIR Commission

VA’s recommendations driven by what’s best for Veterans. Average VA hospital is 60 years old. VA underscores, we are not leaving any markets. Recommendations went into the Federal Register in March. AIR Commission will review the recommendations through January 2023. If the President disapproves any changes, they go back to the Commission. If President approves, they go to Congress for review. Congressional intent was for the AIR Commission to go to the community for feedback including with VSOs and Veterans. Anticipated access outcomes based on VA recommendations reviewed. Major transitions concerning Medical Center maintenance, modernized, upgraded, closed or partnership opportunities.

John – I didn’t see reflected in Vol 1 in the report, aren’t services such as surgical services being cut a several dozen different facilities?

Alfred – I will have to take that back but you can dive into each recommendation for specifics.

John – Our concern regarding privatization, I can’t wrap my head around connecting with partners, I don’t see how that’s not privatization.

Alfred – The 62 strategic collaborations, it may be placing VA individuals in those facilities.

Marilyn - What additional market research by the VA or outside consultants has been conducted or is planned to address outdated market assessments?

Alfred – Data was impacted by COVID, so with additional COVID analysis we can pick up that data to bring that over to the Commission. Strategic prioritization, how do we move forward with implementation in 3 years, rural partners and making sure we’re driving forward care.

Marilyn – Are there any findings so far that could be shared with us or Congress before October?

Alfred – I’m more than happy to come back and have these conversations. We’re drilling down into the information now and as soon as I have that information, I can share that with you.

Marilyn – Additional partnership with rural access, can you clarify?

Alfred – We’re looking at rural markets to pilot a new innovative way of delivering care. Are we partnering with Indian Health Service or private, we’re in the very early stages with identifying two locations for pilots. How can we lead our care in rural parts of our country as well. Maybe I can get on the calendar for a recurring update with Denise.

Mark – Will the Dept data points include the consolidations of services into VISNs? It seems that with AIR Commission report going to Congress, it seems the Dept is already taking steps to downsize entities prior to the finalization of the AIR Commission report findings. Why is the Dept moving in this way and taking services and moving them into the VISN and out of the facilities?

Alfred – I would say from several slides ago, that AIR does not fully stop things moving forward in terms of infrastructure. I will see if that data point will be included in the analysis.

Mark – This is what happens in the private sector and that is employees’ perception.

Alfred – I will take that feedback into account moving forward.

Marilyn - What does the data being collected show about racial impact and impact on women veterans and closure?

Alfred – From a female veteran perspective there is an anticipated increase in access. I will go back and see if we have that data. If not, that is a perfect example of what we can put on the COVID analysis to make sure it is included, if not already.

Marilyn – We’ve been involved in various meetings with employees and Veterans, what we’re hearing is that these recommendations are heavily based on driving time. But when you go to rural Ohio or West Virginia, they’re not accurate, what are you taking in from these meeting where the Secretary has been present and meeting with groups for post announcement listening sessions?

Alfred – The qualitative components are now being considered, not just quantitative. So, they can hear from employees, from you and Veterans. That will come as the second part of the process. I have multiple listening sessions with Congressional stakeholders, once the AIR Commission is seated, they will be asking me questions as well.

Marilyn – I don’t think anyone from the labor side is happy about how these recommendations were written without our involvement.

Alfred – My first day in this position I was in DC, but I went to LIUNA. My father shares his gold card for serving 50 years and I say that to let you know, that is the perspective I bring to this process. I will be strongly urging the Commission that you all are involved when they do these sessions.

Claudia – One of our VISN Directors said that they were sworn to secrecy on these and that diminishes our trust.

Alfred – The Secretary has asked me to be transparent and hopefully that is what I’m doing. The Secretary was in Coatesville and I’m happy to. I’m going to another Medical Center soon so that is something I’m happy to coordinate.

Claudia – Closing inpatient mental health, Veterans are saying its revolving doors so that’s something.

Marilyn - I would like to hear more about ongoing research about impact of ER closings. By our calculations, many ERs will be closed. I would like to know more about that and the Stanford study and its impact on cost of quality.

Alfred – I’m very familiar with this. They are at least thinking about this as well.

Claudia – Our ER was closed at Coatesville and in Brandywine and now there is a long wait in West Chester and it’s not fair to them to have to go all the way there, when we could have something here.

Alfred – The Commission will be looking at factors such as this, they’ll look at whether we got the recommendation correct because we may not have. I full anticipate the Commission making some changes.

Marilyn – Do you anticipate the President making possible changes?

Alfred – When the AIR Commission makes their recommendations, the President can ask the Commission to make recommendations or changes to them. I think it does allow for that back and forth.

Briefing ended at 3:50pm

Marilyn – I hope there is an opportunity for this group to deal with this process. I hope there are some built in opportunities to speak with these groups.

Denise – I need to ask what makes sense in terms of how often or meeting as things come up.

Marilyn – I agree these should be times for what’s important.

Denise – I will ask to see what makes sense, he’s more than willing.

Alma – Did we figure out how to sign the Charter?

Denise – Gia will find out about Docusign and we’ll follow up tomorrow 5/19 to figure out how to do that. I still don’t have authority to talk to Joe Swzerdeski. I was hoping we could get him on the call tomorrow, but we can’t do that yet. We’re going to have a subcommittee of 10 people working with Joe on updating the Strategic Plan, that meeting should be face-to-face. Then bring the Strategic Plan to the NPC for final approval.

Action Items:

1. ONS will provide additional information on 72/80 scheduling and AWS for RN recruitment/retention purposes.
2. ONS will provide information related to any actions taken for a residency program for NPs.
3. WMC will provide a demo on eBenefits.
4. Demo will be provided by FSC on transition to GovTA.
5. Denise Biaggi-Ayer will set a recurring NPC meeting for updates on AIR Commission.

**May 19, 2022**

The meeting began at 10:00 a.m. ET

**Whole Health – Veterans Canteen Service (VCS)**

* James G. Leahy, VCS Executive Director

Canteen is at a pivotal moment of encouraging employees and Veterans to eat healthier food. We are not here to decide what the customer will choose but through partnership with VHA we can help shape that path with marketing campaigns and how to promote whole health within the VAMC for Veterans, Caregivers, and employees. Canteen wants to champion whole health by teaching 8 whole health characteristics but also be an information resource for customers. Each month throughout 2022 will be used to highlight a different topic and teach what whole health encompasses.

Bill – This stuff has been available for a while now, have you done an analysis of what might work better than something else? Using a baseline study to see what works?

James – A lot of food we sell is comfort food. French fries are our best sellers. I will get data to you so you can take a look at that because I need your help. We want to change the perception that all we sell is comfort food. We are selling a lot of bottled water and have generally moved away from soda, but we have to do a better job of reminding the customer that instead of a hamburger, have a sweet potato wrap. I will provide that data so you can see where we’re moving. We have to shape the path for the customer to let them know we have healthier options. Comfort food isn’t bad, but it is when that is all you eat so it’s about balance.

Bill – You mentioned you’re communicating with employees, is that emails?

James – Yes, we’re doing that digitally but also through notices in the canteens. Floor stickers are subtle hints that get the message out and we can produce this for the VAMCs for free. The Roasted Sweet Potato Wrap has been a big hit and is selling. We’ve made changes from white bread to wheat bread. BeWell is being used as our branding campaign to emphasize this messaging. We’ve kicked off this week our national training plan. The third week of each month will be used to teach each of the topics. We’re closing stores early so that employees can do this during operating hours and there will be pushback but that is how important it is.

Bill – Move the body, are some facilities allowing employees to access the gym?

James – I’m open to that if its available at the VAMC and it doesn’t impact Veterans.

Bill – How is the $15 minimum wage implementation going?

James – People below that level are now receiving it and they received backpay to January when the EO was published. Everyone is at $15. It has made us more competitive and seeing less turnover and we’re attracting more talent. What we need is more visitors and patrons. Financially Canteen is in very good shape, but we face major headwinds, especially when factoring in the supply chain. I think two things that will make us better is partnership with VHA in whole health and becoming an employer of choice.

Mark - How will VCS fare with the AIR Commission recommendations of closures and the Department moving to Consolidate current facilities to smaller clinics in VHA?

James – That will impact us of course but our bigger concern is what is the bigger plan for Canteen service? The smaller facilities are also smaller markets for us where we have a lighter footprint. Do we offer retail and coffee, or retail and food? I have to look at this economically. VACO is running about 50% of where we were. We have to have a discussion about what VHA wants in a year or two.

Kevin - For those facilities who do not have a Canteen on site, is there a link to access VCS for purchases and retail?

James – That is shopvcs.com but where we’re not able to deliver services, we’re at bigger markets where there is more opportunity for us.

Mark – Thank you for everything you’ve done in the past. I’m sorry to hear you’re going through the same struggle to make sure VA is doing the right thing by the Veterans. I don’t know, if they keep reorganizing and taking people out of brick-and-mortar structures, what it’s going to look like for canteen. Canteens are not like they were before about waiting in line.

James – We do things that people just don’t know, we have emergency response capabilities that we can extend to Veterans and fellow employees, so when you support canteen those are things you’re supporting where we play a very vital role. We may not get back to where we were before the pandemic, but my focus is trying to reimagine this service for our customers.

**Veterans’ Legacy Memorial Program – National Cemetery Administration (NCA)**

* James W. LaPaglia, NCA Chief of Digital Services

Web App launched 2019 to honor Veterans in NCA National Cemeteries. Currently 4.3 million Veterans have a VLM page and several years ago we made that interactive. Everything submitted by a user goes through a moderation panel. Rejection rate is under 2% which is good. Examples of tributes, memento photographs, word clouds, biographies, milestones, historical documents, provided. A demo provided of VLM.cem.va.gov website.

Bill – This is incredible and a tremendous idea.

James Leahy – Canteen service has a lot of access to Veterans and I think we have an opportunity for partnership.

James LaPaglia – We want to build this out to every Veteran, not just those buried in our cemeteries.

Mark – I just want to thank you, wonderful presentation and you all continue to lead in VA.

Meeting recessed at 11:30am and resumed at 1pm.

**Organizational Transformation Strategy – Office of Information Technology (OIT)**

* Nathan Tierney, Executive Director of OIT’s Talent Management Organization

Vision for OIT’s Digital Transformation priorities reviewed and discussed. Organizational realignment is removing middle layers for communication to upper leadership. Solving employee pain points dependent upon feedback and action. Culture of transparent communications and recognition. Current realignment activities and notifications to national labor unions. June 30 is anticipated as effective date.

Bill – It sounds like some of your activities are formal discussions, are you notifying the unions who represent these employees when you have community of practice discussion?

Nathan – Yes, they are scheduled regularly and everyone is invited.

Bill – Usually I see 8,000 employees in OIT

Nathan – That’s true but 6,000 BUEs so that is why it was shown (slide)

Alma – Has the career path development program started?

Nathan – We’re looking at that now. We have a ton of content in TMS and we’re trying to figure out how they all map.

Alma – Who will be involved in the development or starting the program?

Nathan – Right now it’s with my office and we’re analyzing that now. But it’s all preliminary. But I’ll be happy to meet with you all and give you an update when I have more information.

Chris – A frustration/concern is we’re not always invited for these town halls and meetings. But I find that the union information does not always flow.

Nathan – We have been having outages but when we have outages for techs, we always need to do better. I apologize for the IT campus event with our CIO. I find it concerning that you’re not getting messages concerning upcoming events.

Denise – Generally when there is a town hall meeting there should be a separate invitation directly to the unions, not just what is sent to all employees. We did that for the town hall meeting that you had. We can talk separately so we can figure that out. If it’s a national call, I will need that information so I can send it to the unions.

Irma – The problem is that I’m the national president of the nurses’ union, so I need the ability to forward that request to non-VA employees.

Nathan – Ok we can figure that out.

Mark – I’ve been having trouble getting an org chart from OIT, you have reorganized so much, but it would be a big help if the unions can get an org chart to understand the structure. It’s hard to understand because you’re a part of VHA.

Nathan – We’re not.

Mark – Are you saying there is local and national bargaining?

Nathan – OIT is its own separate prong and not a part of VHA. We are decoupled and we provide services to VHA and employees collocated at those facilities.

Mark – Denise if you could provide an overall VA org chart that would be helpful to know because are the Clinical Contact Centers going to be under VHA?

Denise – It’s like HRA that provides support but is separate from the Administrations.

Mark – I also heard OIT are getting ready to stand up your own HR dept?

Nathan – I do have Human Capital Management, but what HRMACS provides services to us, so no, we’re not getting into finance or things like that.

Mark – Maybe someone can tell me how this all works no? Who in HR is servicing OIT now?

Denise – HRMACs provides HR services to OIT, but they are part of WMC which is part of VHA.

Mark – We’re trying to follow the bouncing ball and for grievances we need to know where to file.

Nathan – In 2009 we decoupled from VHA. We didn’t have HR. So HRMACS provides services to us.

Mark – I have an MOU for how the grievance process works but I don’t know how to follow that when you keep changing your structure. Denise or Jim, I need your help with assisting with these discussions.

Denise – I can send you the steps of the grievances and the HR servicing offices are different. I will send you the org charts so you can understand that side.

Mark – I don’t understand if they’re structured like regions, or VISNs.

Nathan – I’ll be happy to brief you on the org chart and come back and do that. The decoupling took place in 2009 and since that time the CBA has been put in place. Little things, like not knowing that we’re not part of VHA concerns me.

Chris – Knowing that there was an issue, it wasn’t targeted toward us, but I would have thought in my mind outside of that it would have been nice to say we know we had some issues. I’m not comfortable explaining all this to employees because I’m confused as well. Taking a second step to reach out.

Denise – I thought we had done that, we sent out an email about that explaining the issues, the recording.

**EHRM – Electronic Health Records Modernization Integration Office**

* Nickema Carter, Director, Office of Functional Champion Operations EHRM Integration Office

One medical record across all states. Strategic review of comprehensive lessons learned to improve the Veteran experience, ensure patient safety and, the system has been adopted to make it more user friendly.

Bill – How are going to make governance effective?

Nickema – We are doing information sharing with all Administrations and larger program offices, so that as things are moving forward.

Bill – Is EHR accessible from VBA and NCA?

Nickema – yes, there is view only access that is cross operational. We do train VBA ROs on how to pull information. Some of the things we wanted to improve and work on with rolling on with the deployment. New EHR, VistA is over 30 years old and new EHR will provide integrated view of Veterans care including private sector and DOD. All program offices have to collaboratively work together. Ensuring DOD and VA receive cybersecurity approach that is consistent. This alleviates having things like scheduling in binder, notepads, it’s all in the system and can be tracked. Deployment continues in in Columbus and Walla Walla. 15 months in advance deployment activities begin. Our schedule is currently under development and being revised. We have a 10-year deployment schedule, but due to COVID, fire, flooding between VISN 10 and VISN 20, we’ve had everything. Once we receive a final schedule, we will be sharing that to make sure you get a detailed schedule. We are deploying to VISNs based on infrastructure readiness. We’re also looking at VHA Policy to see what needs to change based off EHR, some of those policies will be updated or retired since they are based on current processes. We don’t have those conversations with the local unions but have the conversation at the national level and then notify the local of the changes coming to that site.

Kevin – I’m an RN in Montana. One of our other locals is in Spokane where the pause took place. There were some disturbing things that came out of Spokane related to the accuracy of the medical record and compatibility with software we use and potential PII issues. How are you addressing these types of issues?

Nickema – The SSN has been resolved, that was a malfunction in the system CERNER wasn’t aware of so that’s been resolved. The software piece is big. The new EHR will have to interface with that software, the idea is that it won’t have to do that as much as we move forward since it will be in CERNA. We have been looking at having the same systems in NY as in FL. Interfacing costs a lot of money and so how those interfaces will work is being examined. Trying to standardize so we’re not paying for interfacing with thousands of other products is what is being reviewed.

Kevin – If the contracts have been negotiated prior to CERNER, will those contracts be cancelled or integrated?

Nickema – Acquisitions is looking at that and this is a huge overhaul so it will impact contracting.

Kevin – If contracting knows ahead of time, if they know CERNER

Nickema – Whether CERNER is compatible, and a facility is contracting for software, they will be expected to purchase what is compatible. Training will be available in TMS, but there is also classroom training depending on the role the employee will be given in EHR. We did adjust with COVID for providing virtual training.

Bill – I’m negotiating a scheduling tool, does CERNER have to interface with that?

Nickema – There is a system already available for scheduling, so if the site if 4 years out we can share that system with the site. It’s not an approval process, it’s just dependent on where we are with the deployment. So maybe a site purchased something it’s possible they will have to change that.

Bill – I’ve been briefed on this, but if we were told that VBA was also going to access, then I missed it. Why are you not also talking to VBA?

Nickema – We are working with VBA.

Briefing ended at 2:35pm

May 19 Wrap up

Denise – Regarding Executive Order (EO) 14025, Worker Organizing and Empowerment, we had OPM issue two memos on October 20, 2021. We have complied with one of the memos, *Highlighting Bargaining Unit Employee Rights to Join a Union and Other Rights* and are working on complying with the second memo about *Employee Rights in the Hiring and On-boarding Process* There are recommendations in the Worker Organizing Taskforce Report that I think we should discuss.

Alma – Can you send this?

Denise – Yes, I will send.

Bill – Is this a PDI thing?

Denise – I think it could be PDI. It’s asking management and the union to work together to develop it together.

Denise –Take a look and read it over and we’ll set something up to discuss. I had sent a save the date for the week of October 23rd.

Alma – That’s MA negotiations for us but maybe we can find somebody. Even in September we have Labor Management.

Claudia – That October week is usually the week of our LM meeting.

Denise – We can cancel this week and find another one. Should we do something in September.

Parties agreed to meet July 19th and 20th virtually for the next NPC meeting.

Mark – Is there anything the mgmt. team would like to put on the agenda?

Denise – A lot of these have been added by mgmt.

Chris – Payroll issue update?

Kevin – RAISE Act

Denise – We needs reps from SEIU and NAGE on the Boards.

Meeting concluded at 3:20pm

Action Items:

1. James Leahy will provide data on healthier food options offered by Canteen.
2. Denise Biaggi-Ayer will provide organizational charts of VA structure and HR.
3. Nathan Tierney will provide OIT organizational charts and offered to brief NPC on OIT structure.
4. Nickema Carter will share a detailed schedule for EHRM deployment when ready.
5. NPC members will review Worker Organizing Taskforce Report (provided in Team Chat) for further discussion.