



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON
May 29, 2013

Director
West Palm Beach VA Medical Center
7305 N. Military Trail
West Palm Beach, FL 33410

Dear

I am responding to the issues raised in the September 9, 2010, and September 16, 2010, memoranda concerning the American Federation of Government Employees Local 507 request to bargain compressed work schedules for registered nurses in Quality Management Service at the West Palm Beach Department of Veterans Affairs Medical Center.

This decision has taken far too long to reach the parties. Going forward, I have provided clear instruction that the process by which decisions concerning the applicability of 38 United States Code (U.S.C.) § 7422 are reviewed and recommended will be governed by strict timeframes. Training on this process was included as part of the joint labor-management 7422 training and was presented over the last 18 months. Additional training will be available online to all union and management officials. Future 7422 decisions will be provided in a much more timely manner.

I have decided, on the basis of the enclosed decision paper, that the issue presented in this bargaining is a matter concerning or arising out of professional conduct or competence within the meaning of 38 U.S.C. § 7422(b) and is, therefore, outside the scope of collective bargaining.

Sincerely,

A handwritten signature in blue ink, which appears to read "Eric K. Shinseki", is positioned above the printed name.

Eric K. Shinseki

Enclosure



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

May 29, 2013

President
AFGE Local 507
P.O. Box 10822
Riviera Beach, FL 33419

Dear

I am responding to the issues raised in the September 9, 2010, and September 16, 2010, memoranda concerning the American Federation of Government Employees Local 507 request to bargain compressed work schedules for registered nurses in Quality Management Service at the West Palm Beach Department of Veterans Affairs Medical Center.

This decision has taken far too long to reach the parties. Going forward, I have provided clear instruction that the process by which decisions concerning the applicability of 38 United States Code (U.S.C.) § 7422 are reviewed and recommended will be governed by strict timeframes. Training on this process was included as part of the joint labor-management 7422 training and was presented over the last 18 months. Additional training will be available online to all union and management officials. Future 7422 decisions will be provided in a much more timely manner.

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Sincerely,

A handwritten signature in blue ink, reading "Eric K. Shinseki", is written over the typed name. The signature is fluid and cursive.

Eric K. Shinseki

Enclosure

Title 38 Decision Paper
Department of Veterans Affairs (VA)
Medical Center, West Palm Beach, Florida
VA – 11 –

FACTS

On September 22, 2009, four registered nurses (RN) at the VA Medical Center (VAMC) in West Palm Beach, Florida, submitted a memorandum to the Chief of Quality Management Service (QMS) requesting to be placed on a compressed work schedule (CWS).¹ (Attachment A) On September 29, 2009, QMS, denied the request. (Attachment B) She stated that the QMS staff is too small to accommodate compressed tours. She further explained that staff members have specialized training in specific areas where immediate attention of problems cannot be delayed until a nurse returns to work. These areas include infection control, utilization review, and risk management. Compressed tours would create the additional impact on patient care coverage by allowing nurses to be off duty on more days.

On October 23, 2009, American Federation of Government Employees Local 507 (AFGE or union), submitted a demand to bargain on CWS and requested that management support its denial by providing an adverse agency impact. (Attachment C) Management and AFGE met on November 16, 2009, to discuss CWS for QMS nurses.² (Attachment D) During the meeting, management explained that the limited staff number in QMS is not sufficient to cover patient care needs during the days some of the staff would be off due to CWS. Management further explained that patient problems have to be addressed immediately and cannot wait until a nurse returns to duty. Although the nurses try to cover for each other when they are on leave, it is very difficult because their knowledge is so specialized. It is also difficult for a nurse to adequately perform his or her own job when covering for someone else. There is only one risk manager to cover peer reviews, one patient safety representative, one methicillin-resistant staphylococcus aureus (MRSA) nurse, and two infection control RNs who are responsible for the medical center and the nursing home. QMS nurses must be available from 8:00 a.m. to 4:30 p.m. to respond to patient precertification calls from physicians. These RNs are not needed during the additional hours they would be on duty during CWS. During the meeting, AFGE requested CWS be implemented on a trial basis. Management agreed to discuss the request with the VAMC Director.

In a response dated December 9, 2009, VAMC Director, denied the union's request for CWS for QMS RNs because it would have an adverse impact on the medical center. (Attachment E) She specifically explained that QMS is comprised of several units: infection control; MRSA; utilization management; accreditation; performance measure; peer review; VA surgical quality improvement; and patient

¹ One of the RNs has left QMS due to a promotion as a nurse manager.

² Even though the request came from four RNs, the discussions between the union and management included the entire QMS since management did not think it was equitable to allow some QMS staff to select a CWS schedule while others did not.