



DEPARTMENT OF VETERANS AFFAIRS  
UNDER SECRETARY FOR HEALTH  
WASHINGTON DC 20420

SEP 26 2008

Steven P. Kleinglass  
Director  
Minneapolis VAMC  
One Veterans Drive  
Minneapolis, MN 55417

Jane Nygaard, President  
American Federation of Government Employees  
Professional Local 3669  
One Veterans Drive  
Minneapolis, MN 55417

Dear Mr. Kleinglass and Ms. Nygaard:

I am responding to the issue raised in your memoranda of June 19, 2008, regarding an impasse with the Federal Services Impasse Panel (Panel) filed concerning staffing ratios for nurses providing patient care in telemetry units. The Union also filed an Unfair Labor Practice (ULP) charge with the Federal Labor Relations Authority (FLRA) on July 23, 2008 concerning the same issues. I have addressed the ULP as well.

Pursuant to delegated authority, I have decided on the basis of the enclosed decision paper that the issues presented include matters concerning or arising out of professional conduct or competence and thus not subject to collective bargaining. As a result, the issues are non-negotiable and outside the jurisdiction of the FLRA and FSIP pursuant to 38 U.S.C. § 7422(b).

Sincerely yours,

A handwritten signature in cursive script that reads "Michael J. Kussman".

Michael J. Kussman, MD, MS, MACP  
Under Secretary for Health

Enclosure

**Title 38 Decision Paper  
VA Medical Center- Minneapolis VAMC  
VA 08-**

FACTS:

In 2005, Management at the Minneapolis VA Medical Center (VAMC) began negotiations with the American Federation of Government Employee, Local 3669 (Union) on the standardization of intravenous (IV) medication administration guidelines to be used by nurses in telemetry units throughout the medical center. These guidelines would ensure appropriate nursing care for patients whose cardiac or other functions are monitored via telemetry during the intravenous administration of certain specified medications. Among the topics covered by the guidelines were staffing ratios (i.e. maximum numbers of patients to be assigned to each nurse under different specified circumstances) and the methods and means by which nurses should monitor patients' vital signs, laboratory test results, and other issues pertinent to their care. (Exhibit 1)<sup>1</sup>

During the negotiations, the union made several proposals that addressed, among other things, staffing ratios for units covered by the guidelines. (Exhibits 2, 3, 4 and 5). VAMC management agreed to some of the union's proposals (see Exhibit 3) but did not agree to others (see Exhibits 2, 4 and 5).

On December 10, 2007, Management sent the Union a standardized list of guidelines entitled "Guidelines for Telemetry." (Exhibit 1) These guidelines set general staffing ratios for day and evening tours, night tours, and patients who are receiving certain specified medications and whose conditions have not yet stabilized.

On January 3, 2008, responding to the guidelines for telemetry that management sent to the Union, the Union argued that the proposed guidelines contradicted what the parties' had previously negotiated concerning the staffing ratios. (Exhibit 6) Management informed the Union that it considered staffing ratios to be a management right and, therefore, management would not negotiate the staffing levels. (Exhibit 7)

The parties participated in a mediation session on April 16, 2008 but were unable to resolve the issue. (Exhibit 8)

In a memorandum dated April 18, 2008, Management informed the Union that it would proceed with the implementation of the standardized guidelines effective May 2, 2008. (Exhibit 8)

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<sup>1</sup> These guidelines include a list of medications appropriate for administration in a telemetry setting, a step down unit or a telemetry unit.