



MEMORANDUM OF UNDERSTANDING

The following constitutes an agreement between the Department of Veterans Affairs, Veterans Health Administration (VHA) and the National Association of Government Employees, SEIU concerning VHA Directive 2004-059 “Geriatrics and Extended Care (GEC) Referral” at VHA facilities.

1. The Parties agree to the implementation of the GEC Referral Form for needs assessment, performance improvement and workload/budget estimates.
2. The Department will ensure that employees are provided the necessary information on how to complete the GEC Referral Form.
3. Training will be subject to local bargaining.
4. The Department will ensure the GEC templates or forms are user friendly for the employees. Local parties shall be allowed to modify the GEC Referral Form and/or templates to meet their facility needs in accordance with the GEC Directive.
5. Employees will not be required to enter into the GEC Referral Form any information for which extraction from VISTA/CPRS can be automated. Employees shall be provided extra time to complete the GEC Referral Form.
6. Absent exigent circumstances as determined by the supervisor, health care providers who are familiar with the patient and are directly involved with the patient’s care will complete the GEC referral tool.
7. It is expected that local business processes will dictate how notification is made to each discipline about the need for input into the referral, and that those processes may resemble those already in use at each facility. Several processes that may be implemented at the local level to address those needs include, not limited to are:
 - The Interdisciplinary Team Member who initiates the GEC Referral Form can identify the other necessary Interdisciplinary Team Members as additional signers on the first completed sections of the GEC Referral Form.
 - A text order can be placed for the completion of GEC Referral Form on any patient. Any Interdisciplinary Team Member who has the patient on his or her own personal list of patients will receive a notification of that order.
 - Using the consult notification logic, teams of individuals can be identified, all of whom will be notified if consult is placed. This work around would require the GEC consult to be placed at the

beginning of the processes, not the end. Any person who has the patient in his/her list will be notified.

8. Each VHA facility will need to define its own business processes for implementation of the GEC Referral Form. Local unions have the right to Bargain on the business processes the VHA facility plans to implement
9. The Department/Medical Centers will specify what information is required, when the beneficiary is in an outpatient setting or another facility.
10. Any VISN/Local GEC Referral Form work group that is used in the development of implementation guidelines which includes recommendation on procedures, responsibilities and educational resources will include union representation.
11. NAGE National will be notified and provided the opportunity to be briefed on any changes to the GEC Referral Project which impact on bargaining unit employees in accordance with NAGE/DVA Master Agreement.
12. Local unions may negotiate further on this matter so long as those negotiations do not conflict with this MOU.
13. The appropriate management official shall provide a copy of this MOU to the local union president, upon their receipt.

	
Bonnie M. Kerber	for Mark D. Bailey, Sr.
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<u>6-1-06</u>	<u>6-2-06</u>
Date	Date