Leroy Bauer (SEIU) Walt Hall (OGC)

Susan Anderson (NAGE) Vivieca Wright (VHA)

Carol Sbaschnig (NAGE) Robyn Stanton (LMR)

Alma L. Lee (AFGE) Anitra Jones (LMR)

Kimberly D. Moseley (LMR) Sadie Young-Hughes, R.N. (NNU)

James Alsup (AFGE) William “Bill” Wetmore (AFGE)

David Bump (AFGE) Richard Thomesen (NFFE)

Robert Callahan (VHA) Christine Polnak (SEIU)

Anita Hanson (NCA) Irma Westmoreland, R.N. (NNU)

Beth McCoy (VBA)

Kimberly McLeod (OGC)

**Introduction and Welcome**-Alma L. Lee, President AFGE NVAC (Co-Chair-Labor) and Kimberly D. Moseley (Co-Chair-Management)

Ms. Alma Lee asked that council make introductions around the table. She then asked if Ms. Moseley, who is the new Deputy Assistant Secretary for Labor-Management Relations would introduce herself to the council. Kimberly Moseley assumed the duties of Deputy Assistant Secretary for the Labor Management Relations at the Department of Veterans Affairs (VA) in October 2013. Prior to her appointment with the VA, Ms. Moseley served at the Federal Aviation Administration (FAA) as the Deputy Assistant Administrator for Human Resources Management (SES). Ms. Moseley likes to get involved with issues and problem solving efforts. Before FAA she was with USDA as the Deputy for Labor Relations. She spent most of her career on the union side. Ms. Moseley state that no matter what side it’s all about resolving issues and building relationships. Ms. Lee asked if there were any questions for Ms. Moseley. There were none.

**Implementation of Human Resources Management Letter (HRML)- Mandatory Overtime for Nurses-Karen Ott, Program Director Office of Nursing Services (VHA/VACO) (via Telconference)**

Karen Ott began her presentation by stating that the HRML regarding Mandatory Overtime for Nurses came out in December of 2012. Nurses may not be required to work more than 40 hours in an administrative week. As it pertains to unanticipated emergencies, facilities have developed guidance of when this will be appropriate. Mandatory overtime will not be required if it imposes a hardship. Mandatory Overtime is being used for callouts. She mentioned that she would need more specific information from the labor partners when this is happening to explore the issues. Vivieca mentioned that at the AFGE Tri-Annual National Convention in Puerto Rico that Staffing Methodology was a big point of discussion. She mentioned that VHA

needs to conduct audits out in the field. Staffing Methodology is being explored and needs to be reviewed to ensure that people are following directives as written. **Vivieca has a summary of issues and will provide to Karen upon her return to the office.**  Irma Westmorland reported that NNU has the same issues at their units. She mentioned that Buffalo VAMC had a problem with this and is working with union on this issue. Some of the problems are related to staff leaving. NNU has asked their nurses to fill out forms when asked to do mandatory overtime. **Irma will review the data retrieved based on assignment in spite of objection form and will provide to Karen.** Karen stated that she would talk more about Staffing Methodology on her Quarterly ONS Update on Thursday. Irma stated that facilities are using mandatory overtime when they are aware of absence prior to and not when it is something that happens without prior knowledge such as 10mins before or after the tour has started Vivieca said that there were issues of Report of Contact. Nurses are being asked to write reports of contacts on various issues when they do not want to do so and then feel retaliated against. Reports of contacts are to be generated about Veteran Issues. **OGC will work with offices as to how reports of contacts will be used.**  Vivieca briefly spoke about Smoke Free Facilities. She said that there is legislation proposed that VA becomes totally smoke free. Employees are being asked to escort patients to smoke shelters that require additional assistance, i.e. fall risk or behavioral issues which exposes staff to second hand smoke. Vivieca said that this creates an occupational health issue by having staff escort patients to smoke shelter. James Alsup said that he is aware that the reports of contact are being used in disciplinary actions. In some cases this is Violation of Article 17 of AFGE contract which requires an investigation to occur. He said that nurses receives report of contact after the fact and are unable to return to Veteran because they are no longer at the facility. Sadie said that managers will get other employees to write up Reports of Contacts on their co-workers and person named is not aware. When the employee becomes aware, the Veteran is no longer at the facility and NNU is not able to get charts to properly represent the employees. Christine said that Report of Contacts is including more information on what people think versus facts. She said that Report of Contacts is being used inappropriately. Richard said that in VISN 3 it is a common practice that reports are used that way. Vivieca asked, “How long is expected that a recruitment for the Nurse Executive position on the Office of Nursing Services?” Karen said that they hope to have someone in place by January of 2014.

**HR Smart- Demo*-*Nicole-Albus, HR Line of Business (VHA), Timothy Newman, Director, HR Line of Business and Ron Sticinski, International Business Machines Corporation (IBM)**

The National Partnership Council (NPC) was given an overview of the HR∙Smart project and a demonstration of HR∙Smart functionality. Also the HR Line of Business Team reviewed the core functionality of the new system and strategy for implementation and discussed the impact of

the HR∙Smart project on VA employees. A live demonstration was provided to all the council members in attendance. Mr. Newman began the presentation by saying that the current system being used is PAID. PAID was launched back in 1963. The system is very expensive to maintain and is no longer sustainable. It requires manual entry of data and requires delayed manual correction of errors due to poor interface with DFAS. Mr. Newman said that HR Smart supports VA Strategic Goal and improves internal customer satisfaction with management systems and support services to achieve mission performance and make VA an employer of choice by investing in human capital. Mr. Newman said that the first step was to look at HRIS. HR SMART is PeopleSoft and oracle based system that can monitor and track personal action electronically. Mr. Newman said that HR SMART will integrate systems, support legislation, and have business processes incorporated into the system. Business processes include assigning roles, automate the processes, move the processes at real time, and e-mails work list that notifies the next user of what they should do. Program office is working to integrate e-payroll. The implementation of HR SMART is not dependent on VATAS. However, DFAS will be supported by this new system and will be able to be more standardized. Kimberly asked, “Will this improve what we have been able to in the CBA’s?” Mr. Newman said that as far as processing, if there is federal requirement for VA this will improve the timeliness of the process with DFAS. The Shared Service Center (SSC) will be the provider to develop and house the electronic system. Mr. Newman said that it does not mean consolidation of HR to a central location. The shared service model is new and is the first time a private sector model will house the data. Under this model, VA will own and hold the data but does not own the servers. The servers are owned by Carpathia. Carpathia will support the system but do not own it. In 2012, IBM was selected as the SSC provider for HR∙Smart system implementation**.** The purpose of the pilot is to*:* Operationally test the system and interfaces, Conduct parallel payroll testing between HR·Smart and PAID (PAID is the system of record) and Evaluate the system for quality. Mr. Newman said that the deployment scheduled for the pilots will begin in January 2014. The Mr. Newman announced that testing at VBA Detroit and VBA Baltimore will occur for Title 5 employees will start on January 26, 2014. The second pilot will occur in March/April in VISN 17 and involve Title 38. The Title 38 pilot will run for 6 pay periods which is longer than Title 5. The remainder of the pilots will end in August 2015. Differences between VATAS and HR Smart: (1)Are current vendors have relationship with PeopleSoft software; (2) Intended audience is the HR professional; (3) VATAS had different end-users. (4) Managers are not required to use the technology at this time. The HR SMART team is learning from what has happened with VATAS.

Some personal actions generate payroll actions such as awards, promotions and within grades. DFAS will need to receive this information to ensure the action is fully processed. During the pilot phase HR SMART will run test to ensure DFAS and HR SMART are interacting. Testing will include processing actions in both systems (PAID and HR SMART) and compare test results to ensure action were properly processed and the system works as intended. During the pilot PAID will be the system of record and will send the information to DFAS. The information processed in HR SMART will be sent to a DFAS test section to compare and ensure the data is

received and accurate. HR SMART system is silent until deployment is begins. Deployment group 1 will include 38,000 people. Groups that have Title 38 employees will not be a part of the first deployment. Irma asked if notification of proficiencies due will be sent to both the employee and supervisor. The HR SMART team reported currently Title 38 is in development. Training will be delivered according to their roles and will include blended training, classroom training, and computer training. Training will be made available in TMS. Employees that need instructor led training the will coordinate this need with their HRO. Training will be offered on duty time and Union Representatives will be afforded the opportunity to attend training. Union Representatives will be provided training offered to employee and will be given the opportunity to attend instructor led training if necessary. Mr. Newman said that the goal is for training deployment to be efficient and practical. Unlike, VATAS it is not a requirement for an employee to do anything with the new system and the likelihood of employee to use the system is based on their current use. Vivieca requested that HR SMART make a commitment from the HR SMART team to support the field following deployment of system. Vivieca also suggested that HR SMART use the training sections in facilities to support training efforts. **HR SMART team will speak with Transition POC’s about leveraging with training sections in the facilities.**

HR Smart is a web-based system. Employees must first be in the VA network to access the site. Data security is encrypted to government standards. The HR Line of Business group stated that the HR SMART system allows the employee to update phone numbers, email addresses, and emergency POC. Employees can initiate personal actions that impact them such name change, leave without pay and resignation. NPC requested that the group ensure employees understand the information entered into HR SMART does not cross over to the other data management systems and they would have to manually update the data in the other systems.

LWOP request is based on the personal action associated with LWOP and would be necessary for LWOP more than 30 days. User guide will be developed to assist employees with requesting LWOP action. Also, request for LWOP must go through the Manager and HR Professional to process the action.

The NPC raised concerns about the use of the system from the employee viewpoint. The HR Line of Business Office will follow up with answers to questions raised during the NPC presentation. They will provide answers to Office of Labor-Management Relations for distribution to the national unions.

The HR Line of Business Office requested that any additional question or comments go through LMR or the LOB e-mail address so they can keep a consolidated listing of questions. They also will be developing a Formal Notice for each of VA’s national unions regarding deployment of HR·Smart.

**Occupational Health Update- Kate McPhaul, Consultant, Occupational Health, VHA (via Teleconference)**

Prior to Kate presentation, she spoke about the Draft NPC Support Statement Memo regarding Influenza Vaccinations. Troy Knighton dialed into the VANTS line to discuss the memo. Anitra opened the memo document to be displayed on the projector screen. The NPC was to make changes to the language on the draft memo. Language in the influenza memo was updated to reflect the following changes: Last sentence in third paragraph was changed from: “It is our responsibility to protect fellow colleagues, patients, others in the VA community, in addition to ourselves, by getting vaccinated”. It was changed to, “It is our goal to protect fellow colleagues, patients, others in the VA community, in addition to ourselves, by getting vaccinated”. The first sentence of the last paragraph was changed to, “We strongly support this **decision and encourage** that members who have no contraindication **may** voluntarily get a free vaccination form VA or from any provider during this flu season. It was change from, “We strongly support this decision but expect that members who have no contraindication will voluntarily get a free vaccination form VA or from any provider during this flu season. **Anitra will send the memo to Mr. Knighton with the signatures of the Co-chairs of the NPC, Ms. Alma Lee-Labor and Mrs. Kimberly Moseley-Management.** Vivieca asked if employees that had their vaccinations outside VA will have an opportunity to have those documents added to the Employee Health System showing they had the shot. Mr. Knighton said that they have not able to secure the funding to make the change to employee health method of documentation. Employee must go to the employee health unit. Some local facilities may have the ability to submit a written form. Until we find a way to capture an employee that gets their vaccination outside of VA rates will be artificially low. If a patient or employee gets vaccination outside the VA they can provide the information to the employee health and capture this has been shown. Irma asked, “What documentation must employees provide showing they have received vaccination?” Mr. Knighton said that employees can provide the information to the employee health by email and informing them it was done.

Kate began her presentation by stating that healthy workplaces and healthy employees depend on a strong culture of safety that includes healthy work, employee safety, and psychological safety in addition to patient, veteran and community safety. Kate said that VA Medical Centers need Data Tools that are meaningful and reliable. Employee occupational health needs electronic medical records that ensures privacy but allows quality management. They also need targeted training, toolkits, and guidance for Employee Health, work compensation, Occupational Health Recordkeeping System and returning employees to work after injury. Medical Centers are concerned about qualifications of employees to implement Healthy Work and availability of space/time. Innovative solutions and practices need to be implemented to have health work environments. Sadie asked, “What is the definition of healthy workplaces? Kate said that a healthy workplace is considered absence of overt physical injuries. Things that

is easy to see such as strains, shoulder pain, trips and falls and injuries severe enough to go for workers comp claims. Open to a definition that is more than injury free that focus on issues

around employees maintaining their own health. Kate said that the things to focus on are being learned from their needs assessment. It comes from a culture and genuine concern of employee’s health. Kate said that in regards to maintaining the privacy of the Employee Health Record her office is working to lobby and get for separation of employee health records from other records. Privacy Issue is a factor with employee’s going into the employee record. She would appreciate the support from the NPC on this issue. **Vivieca will work with Program Office to send a notice out to the field about accessing the Employee Health Records to remind employees about not accessing these records.** Christine in conjunction with Vivieca she agrees reminders of what you really need to know and what you need to have access too. Kate said that her office will amend their goals this year that they will provide information, simplify and make this

Susan asked if the assessment of Workplace violence be communicated and emphasized that local presidents are included. Kate said that the assessment is being conducted now and will be reported in December 2013. It is sent informing locations they should include the union in this process. Kate asked for other information of how to include the union and being transparent about the data. If the report does come through saying the union is to be included then communication from Occupational Health office that is transmitted to the local unions informing them of the survey and their inclusion**. Kate will get in contact with LMR to get this information out.** Susan suggested that Kate send something out through the National Safety Committee. Vivieca suggest that they get in contact with Doug. Susan suggested a short email would be the fastest way to get information out. Susan said that it would be a good opportunity for Management and Labor to work together on this issue. Susan suggested using the Safety Conference. She said that this would be a perfect venue to bring the safety conference.

**VAMC Tour-Newington Campus**

The NPC departed for the VAMC Tour (Newington Campus)

The tour was provided by Mr. Alfred Montoya (Assistant Director). A general tour was provided of the medical center. The group got to also see the Urgent Care Department and a PACT team spoke about their operations at the facility.

**All Employee Survey- Dee Ramsel- NCOD Director (via Teleconference)**

Dee gave an overview of the All Employee Survey Results (PowerPoint)

The VA All Employee Survey (AES) serves as an important feedback mechanism from employees to the organization on workforce satisfaction and perceptions of the workplace. NCOD and other VA offices/facilities use this feedback (i.e., AES data) to better understand workforce

needs across *organizational levels*, such as workgroup, facility, and administration, and across *workforce* *characteristics*, such as gender, race/ethnicity, tenure, Veteran status, and

occupation, among others. The feedback is used to identify and understand VA employee needs, action planning is improved.

Dee reported that the survey this year has decreased from being conducted 4 weeks to 3 weeks in years past. She said that VA Central Office responses were restricted to staff offices and does not include VBA and VHA employees in Central Office. The number of respondents is down. On the survey the word Unknown means a person elected not to answer the question on the survey. Dee said that if you add the total percentage under each category it would equal to one hundred percent. The scores 1 is dissatisfied and 3 is neither satisfied nor dissatisfied and 5 is very satisfied. Scores that are under 3.0 is considered trending towards dissatisfied. The rule of thumb for NCOD is anything at 3.5 or above is favorable. Dee reported that the area of most dissatisfaction is promotion opportunity. Dee said that this category is usually the lowest year after year. In the Review of 3.5 lines indicates that Senior Management and Praise are below 3.5. Senior Management is considered the Senior Management on site. Dee said at a Medical Center is would be considered the Director. At VA Central Office it would be considered the Chief Officer. Bill Wetmore asked if there were any changes or trends during the survey. Dee said that the survey does not track trends from week to week. The category Work Satisfaction and Organization Satisfaction were new this year and there is not any comparison data. Bill asked why promotion opportunity went down. Dee said that younger age group is being hired. VBA has more employees who are in their 20’s and 30’s than other organization.

In the category of Organizational Climate, Dee reported that employee engagement is above 4.0 which means workers identify with the mission of the VA. The categories below 3.5 include workload, job control, and engagement with organization.

In the category of High Performing Workplaces- Workplace Performance and Workgroup Psychological Safety are composite measures. There are not any scores below 3.0 but there are scores below 3.5. They are Innovation, Leadership (Performance Goals), and Conflict Resolution is driven by VHA scores.

The category of General Workgroup Perceptions measures employee perceptions of the workgroup including work-family balance, customer service, ethics, accountability, collaboration, safety climate/resources, systems redesign involvement, and workgroup change. No scores below 3.0 but there are scores below 3.5. Customer Service and Workgroup Involvement are below 3.5. NCA has higher scores than the other Administrations. VBA ranks lowest in most categories. Workgroup involvement and Collaboration, Accountability, Ethics and Workgroup Change are new this year. Supervisory Behaviors are comparable across all the Department Administrations.

Dee said that Burnout and Turnover category you want to be the lowest as possible. They are measured based on days. The three components to burnouts are exhaustion, depersonalization, and personal achievement. Burnout and Reduce Personal Achievement are composite scores. Vivieca asked can Burnout be strategized with years of Services. **Dee reported that she will try to link these topics.** Dee said that usually AES data is shared in Town Hall meetings. Action Plans are developed on aspects of the area of the Survey and then included in metrics of performance plans of Managers. Managers should work in groups and with employees to develop these plans.

Dee said that the Free Text/Open Comment section in the survey was only available to respondents selecting a web-based survey format (approx. 96% of VA employees). Comments with names, recognizable titles or profanity and offensive language were removed. Comments were able to be identified with more than one theme.

Dee wanted to remind all that the dissemination and sharing of survey results with employees is a proven “best practice” for enhancing employees’ future survey participation and in letting employees know that their responses count in contributing to new organizational actions.

**Next Steps**

All data is on ProClarity if you have access you can go on the system and get the data.

NCOD has created a video which is directed toward mangers about how to start the conversation with staff regarding survey results. Action planning guide is also included. The guide helps to provide guidance to Managers about items that may work toward their action plan. This information is available on NCOD website.

**SOARD Project Overview and Update- Kenneth Korba-(via Teleconference)**

Mike Carrick is filling in for Kenneth Korba

The purpose of this presentation to the NPC is to Provide SOARD Background and Overview, Discuss the Importance and Benefits of SOARD and provide an Overview of the SOARD Training Strategy.

Mr. Carrick began his presentation by stating that Service Oriented Architecture and Research Development (SOARD) is a single system and single database that works with assets and inventory management, supports bar code capability, and the goal is it will eventually support RTLS. The system can create a standardized plan in work practice, safety, and how we maintain are assets. This program supports mobile devices. The delivery features to customers is that it is a logically built work model. The stick figures under steps in the PowerPoint presentation represent the degree of work of project team and team members. The pink bars represent inclusion of senior leadership. At day 90 a working product is delivered. Mr. Carrick stated that

the objective and model of success is to deliver a product every 120 days. The SOARD project is employed in 3 locations. The active sites are: Cleveland VA Medical Center, Iowa City VA

Medical Center and the VA Northern California Health Care System. Mr. Carrick mentioned the many benefits of the SOARD Project. He said that the VA medical centers would achieve benefits in patient safety, patient care, risk management, customer service, employee satisfaction and system integrations. It also replaces AEMS/MERS (Medical Equipment Reporting System), a VA-developed application that has not been enhanced in 15 years. There are currently 777 active users. Refresher training was given to each Sprint to EMS end users. There have been over 30 training artifacts such as: User Guides, Quick Reference Sheets and videos developed. Mr. Carrick said that users find very helpful Users particularly found helpful the Hands-on access to the system and the knowledgeable and helpful in-person instructors. Mr. Carrick said that there will be in time training in several different sessions based on the user roles. There will also be ongoing training that will be virtual training. Irma asked, “How do you plan to train staff as these system roles out?” Mr. Carrick said that he has found that role base and face-to-face is effective. He would like to develop Super Users as trainers so they can be on site and follow the model that is used in the clinical world

Irma asked, “Will the facility have one person mandated to do this type of work?” Mr. Carrick said that that intuitional buy-in is the main goal at this time. He hopes that with the buy-in that this will happen. James asked, “How robust is the program in supporting RFI or asset control location?” James wanted should there be a concern with employees that have RFI badges? Mr. Carrick said that for this particular program, there is concern of RFI on assets and not on employees. They are not interested in going in to the domain of looking at employees because it gets into the PII realm and they are not interested in tracking this information.

**VHA Quarterly Update-Vivieca Wright, Director, Network Support (VHA)**

Vivieca reported that there have been some personnel changes within VHA. Dr. Robert Petzel, Under Secretary for Health has announced his retirement. Dr. Petzel position has been announced. There were few internal folks within the organization who have applied. Vivieca said that a decision is expected to be made late January or early February 2014. A commission reviews the applicants and will make a recommendation to the President. Mr. Schoenhard, former Deputy Under Secretary for Health Care Operations and Management retired in September. Previously the position was an appointed position; however the decision was made that it would return to a career position. The position has been recruited but a selection hasn’t been made yet. Cathy Rick, former Chief Nursing Officer announced her retirement and her position has been announced. Vivieca said that the position selection will be announced soon.

Vievica reported that there were 1600 new Mental Health Providers were hired and able to meet the target of 1600 new hires. VHA tracked with HR every week to ensure numbers were being met. These goals were set to respond to the extended weight times with patients getting

appointments. Vivieca said that now that we VHA have met the goal we must watch the number, especially, new hires. The goal is to maintain the staffing level at that number.

Vivieca said that every facility has had a health summit which showcased the programs VA has in mental health. In regards to the Peer Counselor program, VHA is finding that some of the peer counselors are not the appropriate employees to be in a position to be counselors to mental health patients. After doing the extensive background checks, there are findings that some of the employees are being let go because of failing to disclose the information on the application. VHA has to regroup and screen those applications. Vivieca said that overall, when the program does work it is good for the Veteran. Patient Aligned Care Team (PACT) is the new model for primary care delivery. The outpatient areas are being remodeled and new clinics are being designed to follow the PACT model. Dr. Tracie Graudet is the PACT guru and is working with Richard Stark. As a result of the PACT model they are seeing a decrease in unscheduled visits through emergency department hospital admissions Since the Patients Provider team is available 5 days a week, they can tell schedule to the Patient for a visit. Vivieca said that there is also an increase in patient satisfaction. The patient’s feel they belong with the PACT team. Consult referrals are more efficient in the PACT Team. About 60% of facilities are fully developed in the PACT model.

The Secretary during trips to various facilities visited with staff on PACT teams. The Secretary through these visits found that in some cases PACT is not being implemented according to policy. People have taken pieces of PACT and have not fully implemented. In response, the Secretary wants a team to go out and audit the PACT teams. In conduction of the audits they were speaking with people selected by the facility. In response, VHA is now having the teams to speak directly with the PACT teams. VHA is looking at functions, such as administrative service, in the hospital that could be moved to lease space to address some of the PACT space issues. This is difficult to do because congress is holding agencies accountable to “All No Net New” which is holding the agency to a certain amount of sq. ft. space. This is impacting the ability for government agencies to lease new space. If you are exchanging space it makes it easier. Vivieca said that leadership made a decision to pause the Systematic Assessment Ongoing Review (SOARS) program. SOARS and it has been on pause for about three years. A decision was made to bring SOARS back. There will be a team of subject matter experts that will go out regularly and review topics such as RME, PACT, and financial audits. The things that we have a weakness on CAP and GOA review. The new SOARS program will be assigned to Quality Safety and Value. The Secretary wants the first SOARS team in a facility by January 2014 and expects there will be two SOARS visits a month. A location for the first SOARS review has yet to be determined. Secretary would prefer for visits to be announced the night before or day of, however, VHA is working through the method of announcement and a final decision has yet to be made.

**AFGE Quarterly Update- Alma Lee, President, AFGE National VA Council (Co-Chair NPC-Labor)**

Alma reported that AFGE last month was given a day to lay a wreath on the Tomb of the Unknown Soldier. She said that due to letter from Dr. Robert Petzel letter regarding travel there are some of the Labor Management Forums having difficulty meeting because of the travel restrictions. There is also an impact in the VISNs as well because they have to travel.

Alma said that during the AFGE National Convention in Puerto Rico there was a conference a course called, “Mindfulness about How to Release Stress in the Workplace. Beth asked, “What does this course involve?” Beth said that VBA is interested. Alma said suggested that the instructors present to the NPC. Alma said that the AFGE Training Committee is being told that when request were being made from the field locations that they cannot do the trainings because 7422 trainings was a NPC initiative. Alma would like to have the NPC release this training and permit the training committee the ability to conduct the training at the field facilities. Alma believes if the station makes the request and if they want to pay for the training then they should be able to have the training.

**Bed Management Solutions (BMS) Interface-Aubrey Weeks, Director, Environmental Programs Service, Hub Freeman, Clinical Director Systems Efficiency and Flow Improvement and Jahmal Ross, Chief of EMS (via Teleconference)**

Mr. Weeks began his presentation on BMS. Mr. Weeks said that BMS system has been implemented to enhance patient flow. Through this system the medical centers will be able to track beds and room readiness. BMS will provide awareness of room readiness, bed cleaning tracking and management, patient transports requests. Mr. Weeks said that the system also provides discharge scheduling and tracking as well. BMS will be a process that will make it easier for Housekeeping to access the system with use of a dedicated a portable device.

Vivieca asked if the system will the system help the facility identify if they need to go on bed diversion and if so who will be the primary people responsible for entering this information. Mr. Weeks said that the system is an interface to VISTA 805 of the information displayed on the system comes directly form VISTA and it automatically appears. When there is a discharge, a page or email can go the EMS to let them know that bed is ready for cleaning. EMS can accept the cleaning assignment and then update the system showing the bed is available. On the home screen it tells the capacity and additional information regarding the patient particular needs. There was a question asked that on page 3 of the PowerPoint is the picture the actual device that will be used. Mr. Weeks said yes. The device will be received and then it will go to OI&T for imaging process then bio med will be charge of the initiation of it. It will need to be in location accessible to power and the housekeeping staff. The medical center determines where it will be located.

The pilot roll-out will begin in January 2014. Mr. Weeks mentioned that he has reached out to VISN Directors and asked for volunteers to do the pilot. Mr. Weeks said that one location volunteered as a site but the actual VISN has not been identified as of yet. There will be a discussion with the labor partners prior to the roll-out. The national roll-out is scheduled for February through June 2014. There will be a requested for a union representative to participate on the Integrated Project Team (IPT). **Mr. Weeks will send the information to Anitra and she will get the information out to the NPC for solicitation of members.**

**VHA Performance Management System-Elias Hernandez, Chief Consultant, VHA HRM (via Teleconference)**

Elias said that there are no slides for this presentation. He wanted to have a dialogue with the group. Elias said that this time last year with the hope to get additional support from the group with alignment for performance plans with VA’s strategic goals and objectives. The priority goals within VHA are to Improve Veteran, Enhance and develop trust and partnerships, Improve Veterans access to services and Ending Veteran homeless by FY2014. There are 17 key initiatives to support the goals. The vision and goals are discussed and can be found on the VA performance management website. The question is: How do we continue to align the rest of the performance plans with the VHA strategic plans? How do you communicate this information to employees? It is important that employees get a fair evaluation of the process?

Elias stated that VA is given a score that is reported to OMB. The score impacts the resources that are allocated to the Department the following year. It is important that every system and level in the organization is aligned appropriately**. Elias needs recommendations from the group to make this work**. Sadie said in regards to aligning the goals with VHA goals that the goals are broad. Sadie wanted to know, “How does VHA plan to make specific and realistic goals that can be objectively measured at the point that it involves the employee. Elias said that the flexibility that they have is in communication. Managers and Supervisors identify from positions descriptions how the employee contributes to the goals. Flexibility is in the reach of the Supervisor and Employee. Sadie has a concern that employees will be left in the wind. She wanted to know is VHA looking to align themselves with the initiatives that have been identified or high level goals of the organization. Elias said that Local leadership will determine that with input with the flexibility and that it is left to make the determination in question about measuring this performance against others staff in other locations. James asked, “If the intent is to form critical elements or are you discussing non-critical elements in a performance plan?” Elias said that the objective was to make sure employees had access to the strategic plan and had a view of how they will contribute to the strategic plan.

**For next Meeting:**

**Kimberley recommended that at the Next Meeting to have the presenter provide a PowerPoint slide or information that they would prepare something for the group to assist with following along with their presentation. NPC need to develop a standard as a group. A template slide that they start, which states what we need. Vivieca will take on the project.**

**VA Regional Office Tour-Hartford,CT**

The NPC departed for the VA Regional Office Tour. Transportation was provided by the VAMC Newington Campus. The tour was provided by the Acting Director of the Hartford VA Regional Office. The NPC was provided a general tour of the regional office. Also, provided in the tour was a VBMS Training Demonstration. The demonstration was provided by John Symanski, Claims Assistant, Jared Taylor, VSR and Sue Labins, RVSR/DRO.

**NCA- Update-Anita Hanson, Director, Memorial Programs Service (MPS) VACO**

Anita reported that NCA Apprentice Program just graduated its first class. There were 13 apprentices who will graduated by November 15, 2013. The graduates received all received training completion certificates and special baseball caps. There are 24 apprentices for 2014 which began on Nov 4, 2013. A class of 10 completed training in St. Louis, MO in July of 2013. A new class of 14 new trainees will begin in August.

Anita announced that Christine Kluh is the new NCA Executive Director for Human Capital Management. Ms. Kluh will rotate attending the National Partnership Council (NPC) along with Glen Powers in the in NPC along with Glen Powers. Ms. Kluh will be the primary in attendance. Anita recommends that the NPC goes to St. Louis to see the training center there.

Anita announced that Steven Best is the new Director in MISN 3 in Denver, CO. Mr. Best came on board in September. Anita will try to schedule him at a future NPC meeting.

Anita reported on the Goals Engagement Accountability and Results (GEAR) initiative. Anita said GEAR is a government wide initiative. NCA served as VA pilot which was conducted in MISN 2. The new performance plans that were inter-related and described exceptional performance were developed with union partners. The pilot completed its first year and is rolling out to other MISN. After rolling out at the other MISNs, they will look at full implementation at NCA. Anita said that supervisors are required to receive training. Also, training was provided to employees. The training topics included were: Managing your Manager and How to Write a Report of Effective Accomplishments. There are tool and guides are available for both groups. Veronica Wales served as the leader on this GEAR initiative. Anita said that the feedback from participants is they like it. NCA is hoping to see feedback on the survey to see what can be done to make it better. Anita is willing to schedule Veronica Wales to come to one of the future NPC meeting to give a report on the on the program to NPC. Anita

says that NCA has a concentration on rural and urban and the overall goal is to have cemeteries within 75miles of a Veterans home by 2015. This is being accomplished through state grants and partnering with State. Also, NCA is partnering with the tribes and have three new tribal partnerships. These partnerships are burial options for tribal members only. NCA provides funding for construction and maintenance but they have to provide operations support. The cemeteries follow cemetery NCA rules. The Dignified Burial Act requires asking family member if a Veteran committed a capital crime or tiering 3 offences which would bar them from receiving a headstone. NCA provides over 300,000 headstones a year. Asking for certification of family is the easiest way. The law has now provided an option to disinter or remove the headstone if it is found that the Veteran was responsible for such crime.

**NFFE Quarterly Update-Rich Thomesen, National Vice President-NFFE-IAM**

Rich reported that in VISN 3 there have been reports of Legionella. Also, workplace violence has become an issue. Rich said that at the Northport VA Medical Center employees are entering in employee Veterans records. An employee with a 100% Service Connected has two cases accepted by the Office of Special Counsel for whistleblowing and prohibited personal practices. He is finding that this is happening in other places across the country. Vivieca reported that congress is asking about privacy breaches and how many resulted in disciplinary actions which may leave the organization at risk**. Vivieca will work with IT and Privacy and get a reminder out to staff about accessing records.** Beth would like to engage ISO community to come up with a new training on how the new electronic system will work and track and reminder to staff just because you may have access and does not mean you need to go in. Christine said that she has an issue with OI&T members not attending the NPC Meetings. Rich said that Robert Redding, NFFE President, NFFE-IAM is having issues with a lot of the surveys within the Department.

**VBA Quarterly Update- Beth McCoy,** **Office of Field Operations, VACO**

Beth updated the group on VBA personnel. Beth reported that Danny Pummill is new Deputy Principal Under Secretary for Benefits. Mr. Pummill is no longer the Central Area Director any longer. The new position is in VA Central Office Headquarters. Bonnie Miranda is has accepted a new position as the Executive Secretary in the Secretary Correspondence office at VA Central Office. Julie Murphy has now filled the VBA HR position replacing Veronica Wales. Bill Carson is now working in VHA. Kevin Nelson has now replaced Bill. VBA has added more responsibility for analyzing data. VBA leadership is drilling more into data than in the past.

Beth said that in beginning in April, VBA goal is to not have claims pending any longer than 2 years. In 60 days, 90% of the claims have been completed. There are 300 pending claims. VBA moved the focus to cases pending for a year. There were 884,000 cases pending for year wait and now there are 396,000 pending. VBA focus remains on moving toward more of a paperless system, which is Veterans Benefits Management System (VBMS). The Newark Office was

converted to a paperless office. In the past paper, folder has driven work. The file is worked where the paper file is located. With the new system you can have people access the file as the same time. New claims will start as electronic files. When a Veteran adds to their file that has not been seen in a while, then their file is sent out to be created as an electronic file. As of December, DOD has agreed that they will send VBA the Service Treatment Records electronically and certify they are complete. Beth said that this will be a time savings for VBA. There are also plans to include Virtual VA into VBMS. With the new efficiency VBA is examining how to be more efficient. Work can be move around and VBA can now start to look at items no longer as each regional office versus looking at national workload. VBA is beginning to look at ways to standardized operations and efficiency of an office. As the Department becomes more paperless VBA is looking for other options as far as efficiencies and moving people around or hiring other areas that are efficient. This is an option but not sure if this is method that will be used. Also, currently a Harvard PhD student is looking at structure and award programs. A Paperless system provides an opportunity for more staff members to telework. VBA is making progress to meet Secretary’s goal that by 2015 claims are processed in 120 days. Beth mentioned that the American Bar Association (ABA) has attorneys that will help Veteran pro-bono with claims. VSO’s have concerns that the attorneys will be working with Veterans until a claim gets to the appeal process and then they may attempt to pick up the Veteran as a client. ABA will have their triage center in Chicago, IL. VBA is working on an MOU with ABA. David asked, “How does VBA plan to repurpose mail and file clerks?” Beth said that VBA is looking at centralizing FIOA request to St. Louis, MO. Beth said that HR is doing what it can to come up with options for these positions to do something in the RO’s. VBA is looking at what new and different processes will be created from the transition to electronic records. David asked, “Will the position remain at the same grade GS-12 Raters or GS-11 VSR?” Beth said the positions won’t remain anytime soon and that VBA is looking at downgrades or removing jobs. David said that there are many employees who are afraid of what will happen to their job. Beth said that FTE decisions are driven by the budget. VBA is looking at ways to redirect employees to other work and automation brings more things. There may be more people needed to make decisions and those will be positions that will need to be around. David asked if the notice that goes to the Veterans, will ABA be offered as another option to Veterans or will this be a part of the basis. Beth said that it hasn’t been written yet but she imagines that ABA will be added as an option.

**SEIU Quarterly Update- Christine Polnak, President, SEIU Local 200UNITED**

Christine reported that VISN 2 has a broken labor management partnership. There is a Network Partnership but there are issues at the local level. Christine says there is a little concern because there were good relationships and now there is not. Christine reported that SEIU have gotten some clarifications on SEIU units which are serviced by NAGE.

**VHA Voices-Information Presentation-Diana Rogers, Healthcare Talent Management, VHA**

Diana began her presentation by giving an overview of VHA Voices. Diana stated that the purpose of this initiative is to fully implement personalized pro-active patient-driven care, new models of care and transformational initiatives. This initiative requires commitment to maintain VHA relationships, to engage Veterans in their health and to promote team development and functioning. It requires commitment to VHA Values, key characteristics and culture, to draw out connections between VA ICARE and personal values and to engage and activate staff in engaging and activating patients. Diana said that as for VHA Alignment, the plan is to have leadership drive this change, provide transparent and effective data and feedback for continuous improvement and to hire, develop and retain staff for right fit using existing HPDM, ICARE models. The VHA Voices Program will be relationship-based, values-oriented, leadership-driven, interactive and team-enhancing. Diana mentioned that there are benefits to this program that have been supported by evidence. Some of the benefits are: patient satisfaction, reduction in health care costs, increased work satisfaction, improved team communication and a reduction in employee turnover.

The VHA Voices Strategies for Fiscal Year 2014 is to launch the VHA Voices Pilot projects through request for participation, create VHA leadership experience. Diana said that this must be a leadership driven initiative at all levels. Irma asked, “How many places did VHA tested and piloted?” Diana stated that there were pilot sites in New Jersey and Greater Los Angeles. She said that Salisbury tried it and that other sites are being looked into. Salisbury tried it. They are looking some other sites. Irma asked if there will be recommended training to the NPC. Diana said yes that that is something that will be added.

**NNU Update-Irma Westmoreland, R.N.**

Irma reported that there are issues with the training Modules for VATAS. She would like to be updated that it is fixed for the end user. She also mentioned that for leave request you have to input lunch which make you have to make two request. These are two items NNU would like to have fixed.

Irma reported that there are three ads that are going out across the country today regarding NNU taking a lead in sending nurses to the Philippians. NNU has a partnership with Global Nurses United and this is their first joint effort. She said that this partnership is not done with VHA. There was a call sent out to VA nurses and nurses across the country. There were about 3,000 nurses who have volunteered to go. The first deployments of nurses are taking care of logistics. The second deployment will be the weekend of November 23, 2013, which will include a nurse from Manhattan, NY. Irma stated that NNU protects the nurses and provides housing and transportation, and protection through the Philippians government. It is set up through the RN-to-RN program. Irma reported freeze is in place and cannot have a locality pay survey although it is not related to COLA. There is documentation that nurses are being paid less than in other hospitals in the same area. NNU is willing to work with other Unions on this issue.

**Office of Nursing Service Quarterly Update- Karen Ott, Program Director Policy Review, Education and Legislations, Office of Nursing Services (VHA/VACO)**

Karen began her presentation by going of the organizational chart for the Office of Nursing Services (ONS). Christine Engrom, PhD, CRNP, AOCNhas been designated as the Acting Chief Nursing Officer. Dr. Engstrom is currently the Director for Clinical Practice. Dr. Engstrom is an Oncology Nurse Practitioner with 30 years’ experience in practice, and maintains her practice in the Oncology Clinic at the VA Maryland Health Care System. She has held national level program management and director positions since 2008. Dr. Engstrom is a graduate from the University Of Maryland School Of Nursing, and received her master’s degree from University of Maryland and her doctoral degree from the Uniformed Services University of the Health Sciences (USU). She is an instructor at the University of Maryland at Baltimore and USU. Dr. Engstrom’s research interests have been in the symptomatic care and management of oncology patients, namely hot flashes, sleep disorders, and nursing sensitive quality indicators. The Deputy Chief Nursing Officer position is still vacant. The Executive Assistant is Larry Rivers. The Acting Director for Clinical Practice is Suzy Thorne-Odom. The Director for Workforce and Leadership is Beth Taylor. The Director for Policy Review, Education and Legislation is Karen Ott. The Director for Research and EBD is Anna Alt-White.

Karen said the priorities of the ONS are the Elimination of hospital acquired pressure ulcers and homelessness. Another priority is the expansion of Intermediate Care Technician (ICT) Role. She said that the ICT Pilot ends in February 2014. There are fifteen VA Medical Centers Emergency Departments hired 44 out of 45 ICT positions. The initial feedback was very positive. The pilot will be formally evaluated. Data will be collected and DOD will evaluate this pilot. Karen said that the she will have the results in the summer or spring of 2014. The evaluation will include satisfaction and the positions impact in the Emergency Department. The program office will get anecdotal feedback from staff. The Under Secretary for Health asked the Office of Nursing Services to expand the role of ICT. ONS is looking at the winter months of 2014 to begin to expanding the roles outside the Emergency Room Department. She said that the expansion of the roles is not to replace that of the Registered Nurses. The proposed Post-Pilot Role Expansion is to blend ICT positions into existing job series where current (highest number of vacancies) and projected need is greatest (ex. Dialysis Center expansion), keep applications centralized while matching jobs to skills and to transition from Title 5 to Hybrid Title 38. This expansion is being discussed with a workgroup and VHA leadership for additional positions in Mental Health, Primary Care, Dialysis, Podiatry, Rehabilitation, Surgery, Primary Care and Critical Care.

Sadie said that usually the ICTs are technicians and do not have the critically thinking skills when things go array. She wanted to know how ONS plan to address this when they are planning to expand the role. Karen said that first they will match the skills of ICT to the position. There credentials and training will match the skill of that position. If ONS expand the role it will be the responsibility of that office and facility to ensure the skills match the need.

Karen also said that the Position Description will match the skill of the ICT. Richard wanted to know what the definition of an ICT is and will the ICT position be licensed. Karen said that an ICT is a technician who is trained to do a specialty care position. Such as: Orthopedic Technician or Radiology Technician. Karen said that not all technicians require a license. If a license is required for the position, the ICT will be provided the opportunity to obtain the license. Next, Karen provided an update on VHA Staffing Methodology for Nursing. The Office of Inspector General (OIG) Combined Assessment Program (CAP) has conducted reviews of facility implementation at 69 sites during June 2012 through October 2013. Forty sites received one or recommendations on: (1) Completeness/timing of implementation, (2) Incomplete training and (3) Expert Panel Composition. A VHA Staffing Methodology Consultation Team will provide onsite hands-on assistance upon request

Karen said that when conducting the reviews in 2014, ONS will move towards assessing the budgeting versus the nurse staffing budget. Nursing hours are the number of productive hours that a nurse has to devote to patient care. The higher the complexity of the unit, the higher the nursing hours are. The teams will pull 50 random reports to review in their evaluation. Sadie asked, “What was the data source the team will pull reports from?” Karen said that OIG will ask for 50 different staffing schedules. From the staffing schedules, OIG will see how many staff was on for a day. Sadie asked, “The base for what should be on is coming from where?” Karen said that comes from the facility panels. The panels look at the number of call-ins and other things that go into the staffing workload indicator such as if they have support from transport service or pharmacy. If a unit has a problem with call-outs they may need to add that data. The facility expert panels would add that information. Sadie said that the numbers are not being put in accurately to the expert panels which impact the overall look for the report. Bill Wetmore said that an expert panel is formed to view this material. The expert panel is made up of staff in that unit. He asked, “How do you arrive at nursing hours per patient day?” Karen said that basically it comes down to how many hours nurse reports she spends on nursing per patient day.

Karen reported that ONS is planning to increase the proportion of BSN prepared nurses to 80% nationally. ONS is currently at 60%. Some of the methods suggested to increase this number to 80% are have local facilities partner with schools of Nursing to give staff credit for working and possibly have classes at the work location. Irma said that due to this initiative some facilities will not hire staff that is not BSN. Karen stated that facilities can never require the sites to

require a BSN. She said that this project is focused on getting there Nursing staff educated to a BSN. Irma said that she would like something in writing. Carol stated that VA is not fostering education and those Registered Nurses that are obtaining degrees but have not received time off to attend classes. The registered nurses remain as a Nurse I and are not promoted to Nurse II. She said that there is not an incentive other than their own education. Karen said that there are rewards for completing education; however, she cannot speak about being treated professionally. She would need more specifics. Carol said that nurses that want to go to school cannot get the support they need such as days off. Karen said that ONS are hoping this initiative will help some of the facilities to create some of these options. Irma said that support is needed for scheduling in order to make this work. She would like for ONS to put out something about scheduling when putting out this initiative.

**NAGE Update-Susan Anderson, President, NAGE Local R4-78, Martinsburg, WV**

Susan reported that Claudia is currently at the NAGE contract negotiations in Memphis, TN. NAGE has been in contract negotiations since May 2013. The team is currently in Memphis and beginning in January the team will be in Charleston, SC for two months. The negotiations team is currently at article 15 and has more impasses than completions. Susan announced that the NAGE National Convention will be held next year in Las Vegas, NV. NAGE is reporting that there are problems in the Greater Boston VA facility. Susan reported that the greater Boston location was experiencing problems and that the Medical Center Director does not want a partnership. It was reported a Port a Potty sat in the NAGE local parking spot for about and week before it was removed. The Director stated it was due to construction that this occurred. Susan requested a pick-up in the momentum on forums is needed. Vivieca advised that travel was impacted by the Sequestrian. Vivieca said that with other federal agencies not working it would not look good for VA to travel during this time. Kimberly Moseley reported the results of the Secretaries testimony on the Hill. She said that there is need for a cultural change in VA regarding face-to-face meetings. In addition she had to provide feedback as to why we must meet face-to-face. There are optics on the organization, places and conferences we go to, and the public perception. Sue announced that she will not be able to participate in the VAMC Tour because she will have to leave the meeting on tomorrow.

**Executive Order Report**-NPC Discussion

Anita Hanson asked when the report about the Labor Management forums due is. She said that NCA would like to have as much notice as possible. **Anitra will follow-up and find out when it is due.**

**Looking Ahead-NPC Discussion**

Mr. Walt Hall thanked everyone for being a member of the council. Mr. Hall announced to the group that this will be his last meeting and that he will be retiring. The next dates for the National Partnership Council meeting will be February 18-21, 2014 in Columbia, SC and June 2-5, 2014 in St. Louis, MO.