

**Department of
Veterans Affairs**

Memorandum

Date: April 28, 2022

From: Assistant Under Secretary for Health for Operations (AUSHO) (15)

Subj: Veterans Integrated Service Network (VISN) Organizational Structure

To: VISN Directors (10N1-23)

1. The VISN Organizational Structure Workgroup was requested to evaluate VISN staffing levels, consolidated unit information and recommend staffing levels to improve the effectiveness of Veterans Health Administration (VHA) Governance. The workgroup reviewed organizational charts and self-reported Human Resource (HR) Smart position data from all 18 VISNs in August 2021. The workgroup made 15 recommendations for VISN staffing and organizational structure in order to address oversight concerns, align organizational chart to reflect strategic priorities, and develop consistent processes to reduce drift.

2. The following recommendations were presented to the Network Directors and approved:

- a. National level review to occur annually, with membership rotating every 2 years.
- b. Standardized look and feel of VISN Core Organizational Charts using provided template. Organizational charts will not be signed if not in the standardized template.
- c. Mandatory (base)* Staff = 48, Discretionary = 27: Total Core Staff= 75
 - *Mandatory amount includes health system specialist (HSS) and program analyst for each Executive Leadership Team (ELT) member (Network Director (ND), Deputy Network Director (DND), Chief Medical Officer (CMO), Chief Nursing Officer (CNO), Quality Management Officer (QMO)).
 - **There may be unique situations where the full-time employee (FTE) for a position may be less than 1.0. Of note, if it is less than 0.5 FTE, the position belongs at the facility.
 - ***Trainees shall be captured in a non-count box on the org chart within their section (for example, HR trainees would not appear on the VISN Core Org Chart)

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- d. Should VHA Central Office (CO) program offices require positions to be added to VISNs, mandatory base FTE amount will increase, thus increasing the overall VISN FTE ceiling.
- e. VHACO program office required positions must be vetted and managed through Governing Board (Workforce Committee).
- f. Include Chief Nursing Officer (CNO) into VISN mandatory staff, report to ND, as part of VISN Executive Leadership Team (ELT). To be implemented no later than End of Year (EOY) fiscal year (FY) 23 for all VISNs.
- g. Office of Nursing Services (ONS) to develop standardized position description duties and will need to address special pay issue for VISN CNO.
- h. Mandated position alignments to be at the discretion of the ND to maintain as direct reports OR to align to a VISN ELT member, to allow focus on facilities.
- i. Defined Consolidated Units:
 - Definition:** VISN wide service established by the VISN to provide comprehensive services to the Medical Centers within the VISN. VISN has direct line authority of the Director of the consolidated service. Employees of consolidated unit provide services to all/multiple facilities within each VISN. The term 'consolidated unit' and 'hub' are interchangeable. Consortia positions are considered consolidated unit positions.
 - Purpose:** Improve strategic operational management gaining a comprehensive overview while simultaneously providing concentrated assistance and attention to the distinct needs of the Medical Centers within the VISN.
 - Goal:** To provide standardized operations to gain efficiency, optimize resource utilization and create a systematic operation. Locally maintain some technical expertise to ensure the direction, input, and priorities of Medical Center leadership are communicated. Allow for innovation and optimize efficiencies.
- j. Quarterly review of consolidated units with program managers to ensure accuracy of HR Smart. Review to be conducted by local Manpower and report to Chief Human Resources Officer (CHRO).
- k. Executive Decision Memo (EDM) required for implementation of new consolidated unit (AUSHO signature).
- l. If less than 4 VISNs have a specific consolidated unit of the same type or less, remove the consolidated unit and absorb into the 75 core FTE. If already approved to have a unique consolidated unit, the consolidated unit would need

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to be reapproved, at discretion of the AUSHO. If a consolidated unit has less than 4 FTE, then the consolidated unit should be absorbed into the 75 core FTE unless approved at the discretion of the AUSHO. Not later than May 2022. Please refer to VISN Station Costing Rules Section 6 & 7 for previously approved units.

- m. Discuss consortia opportunities at length during next national review to determine if some functions should be performed at the consortia level (proposed 1 year from now). Determined that consortia positions are consolidated units.
 - n. Standardize and codify consortium reporting and positions approved for consideration of consolidation at that level (ND discretion) Determine if positions should be at the VISN level or to Consortium chairs.
 - o. Capture consortia positions as consolidated unit positions to improve transparency in tracking. Positions must utilize consortia Accounting Classification Code (CS02A00?1) for all Salary, Travel, and all other expenses.
3. Please address questions to Mr. Ralph Gigliotti, (ND, VISN 19) and/or Mr. Ryan Lily, (ND, VISN 1) co-chairs, VISN FTEE Workgroup.



RimaAnn O. Nelson

Attachments