

**U.S. HOUSE OF REPRESENTATIVES  
COMMITTEE ON VETERANS' AFFAIRS  
SUBCOMMITTEE ON HEALTH**

**HUMAN RESOURCES CHALLENGES WITHIN THE  
VETERANS HEALTH ADMINISTRATION**

**Testimony Submitted By  
Nurses Organization Of Veterans Affairs  
1726 M Street, N.W., Suite 1101  
Washington, DC 20036**

**May 22, 2008**

Mr. Chairman and Members of the Committee on Veterans' Affairs Subcommittee on Health, the Nurses Organization of Veterans Affairs (NOVA) would like to thank you for inviting us to present testimony on Human Resource issues in the VA.

I am Cecilia McVey, BSN, MHA, RN, Associate Director for Patient Care/Nursing at the VA Boston Healthcare System and am here today as the Immediate Past President of NOVA. NOVA is the professional organization for registered nurses employed by the Department of Veterans Affairs.

NOVA respects and appreciates what our labor organizations, such as AFGE and NAGE, do for VA nurses. NOVA clearly deals with VA on RN professional matters, not working conditions for which VHA RNs have their union representatives. Because this Committee has invited NOVA to share its views on this bill, however, I am here to offer the following observations.

The Veterans' Health Administration (VHA) is the third largest civilian employer in the Federal Government and one of the largest health care providers in the world. VHA is facing significant challenges in ensuring it has the appropriate work force to meet both current and future workforce needs. This workforce is critical to ensure we are able to provide the care our Nation's heroes deserve. These challenges are further exacerbated by an aging workforce in general and in nursing specifically and the high number of employees' retirement eligible each year.

Nursing and other Medical Center workforce members are dependent on timely and efficient recruiting. Human Resources Departments across VHA are not able to function optimally due to systems that have not kept pace with private sector recruitment abilities.

Although there are numerous barriers to timely and efficient recruiting the following three are the top three:

1. Although certain pay setting flexibilities do exist, such as recruitment bonuses/retention allowances, above minimum entry rates, and the special rate authority, additional pay flexibilities are needed in order for VA to be able to successfully compete for the best candidates in the marketplace. The current general schedule and locality pay system which works hand in hand with the classification system is antiquated, cannot respond quickly enough and has a number of major barriers. For example:
  - a. Retention allowances.
    - (1) They are not considered base pay for benefits such as retirement and life insurance. Candidates declined positions based on this limitation.
  - b. Special pay rates.
    - (1) There are restrictions on how far the pay table can be expanded.
    - (2) You cannot use special rates to address recruitment/retention issues of a subgroup within an occupation
    - (3) Approval process for special rates is too slow to address current market conditions.

- (4) The major focus of the criteria is whether you are getting qualified candidates to apply and not whether the candidates are highly qualified.
  - c. Above minimum rates.
    - (1) Allows manager to appoint the applicant above the minimum step. There are many situations where the manager needs to offer a highly qualified candidate more money than the existing experienced staff. There is no mechanism to increase the pay of the existing staff to maintain pay parity.
- 2. The application process (how to apply) is too cumbersome and very confusing for those in the private sector who are used to a much faster and simpler process. Staffing Specialists must help many of the would-be applicants to navigate through the maze of the federal application process. Applicants are frustrated by the duplication of information that they are required to provide, such as the information on federal application for employment, information for background investigations, and credentialing. The enormous amount of paperwork, data base entries, and checklists associated with fulfilling all of the hiring requirements further delays the process. This leads to hiring additional FTE to manage the processes.
- 3. A consistent theme across the country is that applicants are looking for money for professional development not just in clinical occupation but administrative as well. Tuition reimbursement is limited to a few select occupations at this time such as Nurses.

Some suggested policy changes recommended are as follows:

- 1. More positions should be converted to Excepted Service, i.e., hybrid Title 38 such as Nursing Assistants, Health Technicians, Medical Support Assistants, Radiation Safety Officers, and Information Technology Specialists for example. Due to the constraints associated with recruiting through the Delegated Examining Units, the process is often too difficult and generally does not provide a list of "highly qualified candidates" and discourages potential hires.
- 2. More pay flexibilities should be provided. Pay reform similar to the Physician pay reform where there is a market pay component would provide the needed flexibility for VA facilities at the local level. Another option would be to provide legislation that would address the barriers in paragraph 1 above.
- 3. Classification Standards are in need of review and revision. Many of them are too old and no longer reflective of the types of duties and responsibilities that are typically performed. Given that these are used to determine the pay, they often serve as a barrier to appropriate and effective pay setting.
- 4. Given the sizeable numbers of employees at or near retirement age, succession planning is becoming increasingly more important, especially for critically important positions. In order to successfully transition workload from retirees who possess a wealth of experience to their successors; transitional recruitment is required which can take up three to six months of addition FTE per situation.

One other critical issue of concern relates to the impact on patient care if 38 USC 7422(b) exclusions were to be repealed. Some of the issues that I foresee would have a negative impact on the care of our Veterans include the following:

- RN reassignment decisions made on the basis of clinical competence.
- Performance appraisals/proficiency reports.
- Fitness for duty issues as determined by Professional Standards Boards.
- Clinical competence issues as determined by Professional Standards Boards.
- Disciplinary and major adverse actions based on patient care or clinical competence issues.

Determination of clinical competence is best reserved for those responsible in ensuring that quality patient care is delivered. Our veterans deserve the best that VA has to offer and although the majority of our employees are excellent, there are a few marginal performers who put patient safety at risk. Moreover, clinical supervisors and managers must retain the authority to make clinical decisions such as which personnel are best suited for particular assignments and the appropriate staff mix for a given clinical setting.

Inherent in bargaining is the element of timeliness. If an employee needs to be removed from direct patient care or if providers' hours must be extended to meet growing patient care needs, those changes must be made immediately and cannot wait for the completion of protracted negotiation. National Level bargaining on policy or program changes is currently taking 120 days or longer. Local bargaining usually takes less time but still can result in delays, despite the best of intentions. If clinical matters were subject to bargaining, critical clinical programs such as extending the hours of mental health clinics or mandating traumatic brain injury training for all providers could not be implemented for months, which would unacceptably put patients at risk.

VHA has been a leader in health care and has earned an excellent reputation as one of the best health care providers in the country. In order to continue to this reputation, VHA staff will need to have new skills and competencies to treat this new generation of Veterans. Nimble and flexible HR processes are critical to VA's future success.

Thank you, Mr. Chairman and members of the Subcommittee, for the opportunity to testify here today about these important personnel issues.