



STATEMENT FOR THE RECORD

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BEFORE THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

WITH RESPECT TO

*BUILDING A BETTER VA: ADDRESSING HEALTHCARE WORKFORCE RECRUITMENT
AND RETENTION CHALLENGES*

WASHINGTON, D.C.

March 17, 2022

Chairman Takano, Ranking Member Bost and Members of the Committee; on behalf of the nearly 3,000 members of the Nurses Organization of Veterans Affairs (NOVA), thank you for allowing us an opportunity to present our views on today's important topic - *Building a Better VA: Addressing Healthcare Workforce Recruitment and Retention Challenges*.

NOVA is a professional organization for nurses employed by the Department of Veterans' Affairs (VA). Our members are nurse managers, frontline and specialty healthcare professionals taking care of Veterans at facilities around the country.

I want to begin by thanking the Committee for its support in passing the *VA Nurse and Physician Assistant RAISE Act* which has been a top priority for NOVA. Other challenges remain which we

believe if addressed, will provide VA the flexibility and tools it needs to remain competitive in hiring.

The removal of the RN pay cap addressed by the RAISE Act is a major step in compensating nurses fairly, but nurse executives who manage highly complex program demands at the VISN, and National levels need to be considered for long overdue compensation model changes. This opportunity will not only support retention of the incredible talent at these levels but also help to develop strong recruitment abilities for highly skilled leaders at this advance level.

Additionally, the VA workforce as a whole needs major reform in regard to pay. In particular, LPNs and Nursing Assistants remain one of the highest challenges to recruit as rates in the community have increased in part due to the demand for staff during the pandemic.

Fair and equitable pay is mandatory in the current market of a healthcare shortage that is predicted to get even worse as our nation continues to see challenges outside the pandemic. VA must be able to compete with the private sector in order to maintain safe staffing levels and provide the highest quality of care for Veterans.

NOVA members have reported that many LPNs are not being utilized to the full extent of their license. We would like to stress that all levels within VHA healthcare models from Nursing Assistants, LPNs, RNs, to APRNs, and CRNAs must be able to use their skill set and practice to the full extent of what they have studied and worked hard to achieve. This goes to the heart of providing timely access to care for Veterans.

Today's hearing is especially timely as we begin to move out of a pandemic that has gripped the nation and those providing healthcare within VA facilities and its surrounding communities. You need only to turn on the news to see headlines about healthcare workers leaving their chosen fields of practice due to burnout, stress and the emotional toll that has been felt by frontline workers. Those working at the VA have also felt the effects of the past two years.

*According to recent studies, between 20% and 30% of frontline U.S. health-care workers say they are now considering leaving the profession. Notably, one April 2021 study by health care jobs marketplace Vivian found that **four in 10 (43%) nurses** are considering leaving their role as a healthcare provider.¹*

Even before COVID-19, VA faced challenges recruiting and retaining a qualified nursing workforce. It begins with shortages within the human resources (HR) staff who are responsible for helping recruit/retain, and onboard employees while competing with local labor markets which have seen a rise in the need for clinical healthcare personnel.

The move to reorganize HR at the VISN level has been a disaster. Shortages among HR staff has led to an inability to provide quick responses or timely turnaround in many aspects of the hiring process, which leads to qualified candidates taking other positions outside the VHA system. Our members have reported that nurse leaders are being required to assume the duties of HR in order to fill vacancies, leaving gaps in clinical care. This has in some cases affected access to care for Veterans.

This coincides with a survey conducted by the Chief of Staff Advisory Council who asked questions about the impact of VA HR Modernization (HRM) on hiring effectiveness and timeliness and the overall effect on clinical operations. Results included responses from 100 facilities representing all complexity levels and 17 or 18 VISNs.²

The responses paint a picture of an HRM system that has not improved services, but in fact, “has severely compromised the hiring process, adversely affecting clinical services and staff morale. The report goes on to relay those delays in extending offers to promising candidates make VA uncompetitive with the private healthcare sector at a moment when competition for healthcare personnel has never been more intense. Facilities are uniformly experiencing the impact as a crisis that cannot wait months or years for resolution.”

NOVA, as part of its *2022 Legislative Priority Goals*, has called for repositioning HR staff back at medical centers to enable a more transparent, effective hiring process that is responsive to local workforce needs. A robust HR staff that is trained on all phases of the hiring process, to include the use of locality pay, and all congressional authorities will streamline the length of hiring and help to eliminate shifting work to the facilities.

NOVA also included as part of its goals the need to evaluate Time to Hire (TTH), which is an HR metric that is problematic as it does not give a fair description of the staffing landscape. For instance, the starting point of the TTH can be manipulated by the HR specialist assigned. Hiring outside of USA staffing, non-competitive hires, are also at risk of inaccurate timelines. TTH should start when a position is vacated, rather it starts when a selection has been made. The goals for 80 or 100 days, depending on which nursing role, is simply not acceptable when turnover is so high and expected in nursing. There is so much variability in TTH start and end points across the board, which makes the data unreliable and not accurate or reflective of the frontline needs or vanish point.

During the beginning of the pandemic VA implemented expedited hiring practices which allowed for more timely application and quicker onboarding – VA was able to hire within weeks rather than months. A review of these processes should be considered and studied to increase efficiency and speed of the hiring process. We also suggest that employing a full-time nurse recruiter at each facility be considered essential in any strengthening of HR and the hiring process.

Staffing shortages remain urgent and severely impact VA’s ability to deliver timely high-quality access to care for Veterans. Where there are shortages of staff, there is often a reduction in services and clinical capacity which leads to increases in community care referrals and increased costs to VA often at the expense of internal budgets.

Veterans Community Care Program (VCCP) costs have ballooned since implementation of the MISSION Act. A GAO (June 2019) study reveals the situation has become alarming. Between April 2019 and December 2020, VHA’s total monthly encounters shrank by 25 percent. Over that same period, the VCCP continued to grow, rising to 34 percent of all care delivered to Veterans. The cost, too, is dramatically growing, doubling over the last four years and currently

consuming 20 percent of the VHA's medical care budget.³ NOVA has testified in the past that any increases in community care must not be at the expense of internal programs.

All of the before mentioned issues contribute to an already stretched and demoralized workforce left to shoulder the burden.

NOVA applauds the recent news that VA and its Office of Nursing Services has launched the **Reduce Employee Burnout and Optimize Organizational Thriving (REBOOT) Taskforce** which is charged with evaluating and addressing employee burnout, staffing levels, employee peer support, and work-life scheduling flexibilities. We hope that the recommendations will be taken seriously and result in action by both the Administration and Congress.

As the only professional nursing organization that supports the VA nursing workforce, we continue to monitor the Department's progress in developing staffing models and position descriptions for each VHA occupation.

We would be remiss if we did not mention the difficulties navigating VA HR Information Technology and its electronic applications (HRsmart, Manager Self Service (MSS), USA Staffing) which often do not interface, not to mention the ongoing challenges of the Cerner Electronic Health Medical Record (EHRM). Clinical staff must be at the center of all software training and use. Recent reports by the VA Inspector General highlight the difficulty facility staff has had navigating primary functions of the EHRM.

As healthcare services adjust from lessons learned during the pandemic and primary care continues to evolve across the U.S. healthcare system and within VA, the roles and responsibilities of nurse professionals are essential to any expansion of care.

VA must be able to recruit and retain this valuable workforce to ensure that our nation's Veterans are able to continue to receive the highest quality of care they have earned and deserve.

Thank you for allowing us to provide our thoughts on these critical issues. We look forward to working with the Committee to meet the challenges facing VA's workforce so that we can continue to provide timely, high quality compassionate care now and into the future. We are happy to answer any questions you may have as you continue to discuss VA's healthcare workforce recruitment and retention challenges.

NOVA is a nationwide, nonprofit professional organization whose members are nurses working for the Department of Veterans' Affairs Medical Centers and Clinics. NOVA is not part of the VHA, nor is NOVA sanctioned or endorsed by the VHA.

1. [One Year In: What's Next for Healthcare Professionals | Vivian Community](#)
2. *Impact of HR Modernization on Clinical Services /VHA COS Advisory Council 11/12/21.*
3. [VA Health Care: Estimating Resources Needed to Provide Community Care | U.S. GAO](#)