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BEFORE THE VETERANS' AFFAIRS SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
WITH RESPECT TO

Overcoming Barriers to More Efficient and Effective VA Staffing

WASHINGTON, D.C.

May 15, 2015

Chairman Benishek, Ranking Member Brownley and members of the Subcommittee, on behalf of the nearly 3,000 members of the Nurses Organization of Veterans Affairs (NOVA), I would like to thank you for the opportunity to testify on today's important and timely subject – VA Staffing.

As the Department of Veterans' Affairs undergoes a system-wide reorganization to include the many challenges of implementing *The Veterans Access, Choice and Accountability Act*, staffing must be at the forefront of its evaluation. I am Joan Clifford, Deputy Nurse Executive at the VA Boston Health Care System and am here today as the immediate Past President of NOVA. NOVA is a professional organization for registered nurses employed by the VA.

NOVA respects and appreciates what our labor organizations do for VA nurses. NOVA's focus is on professional issues not working conditions which are the purview of the union.

NOVA is uniquely qualified to share its views on the ability of VA to effectively and efficiently recruit, on-board and retain qualified health care professionals to treat our veteran patients. As VA nurses, we are in the medical centers, community-based outpatient clinics and at the bedside every day. With this in mind, we have identified retention and recruitment of health care professionals as a critically important issue in providing the best care anywhere for our veterans and would like to offer the following observations.

NOVA believes that the underlying issues reside in the lack of a strong infrastructure for Human Resources, insufficient nursing education opportunities, as well as the complex application system – USA Jobs – that the VHA utilizes for hiring staff.

VHA is facing a shortage of both corporate experience, and a lack of sufficient HR staffing to support the multiple priorities required for hiring health care professionals.

USA Jobs is a complex hiring process. The system is very slow to review applications online, adding days, even weeks to the time it takes to create a complete qualification review. Upcoming enhancements in HR such as *Web HR* and *HR Smart* have to be able to interface with USA Jobs. Some candidates have had to wait five months while HR processed their applications. This results in candidates accepting non-VA jobs, and puts VA back in the hunt for another qualified candidate.

HR employees often have limited knowledge of direct hiring process for Registered Nurses, resulting in unnecessary recruitment delays. HR has also been faced with multiple initiatives, policies and Human Resources Management letters with unclear instructions and guidance. Additionally, current VA process and policies for obtaining recruitment and retention incentives can also cause significant delays in hiring personnel.

All levels of support personnel, as well as RN's, are impacted by the current inflexibilities in pay structure and years of flat lined and non-existent pay increases. Reclassification and downgrades of some occupations such as Surgical Technicians who were brought in at the GS7 level, and have recently been downgraded to GS5 are making it impossible to competitively recruit and retain. Additionally, the increased availability of private sector jobs due to retirements and program expansions within the Affordable Care Act has created other hurdles for VA.

Locality pay challenges, which directly influences RN pay, have once again been brought up by Medical Center leadership. Due to the lack of corporate knowledge among staff within HR on how to maximize the law inconsistent application of the Pay Law remains an obstacle of hiring. NOVA asks that the ceiling on nurse pay be increased to prevent compression between the grades in order to remain competitive.

Ensuring an infrastructure of knowledgeable education leaders within VHA is also critical to support programs that produce nursing graduates who honor and respect Veterans Programs. These programs are often key to hiring opportunities at the Post Baccalaureate Nurse residency and the Nurse Practitioner residency level within VA.

Nursing residents from these programs are embedded in the VA and have the opportunity to demonstrate clinical competency as well as apply for available positions. An increase to the nursing education infrastructure budget is needed to provide for more senior nursing leaders who initiate and manage these programs.

Tuition reimbursement and loan forgiveness monies should also be enhanced in order to help new nurses defray the cost of their education if they work for VHA. The Office of Academic Affairs has supported a wonderful RN Residency Program across some VA's, but funds are limited thus potentially impacting the recruitment of future RN hires who flock to these programs. Programs that already exist, such as the Health Professional Scholarship Programs, which allow the VA to recruit nurses by paying their tuition in exchange for a service commitment after licensure, need to be considered an important part of funding methodology.

Funding is also needed to support VA Nursing Academic partnerships which enables VA and School of Nursing faculty to develop and implement Post Baccalaureate Nurse Residency (PBNR) and Nurse Practitioner Residency programs (NPRP). The PBNR has had an impressive impact on nursing recruitment and retention. The PBNR had 100% retention of employed nurses after one year of

employment as compared to the overall loss rate of 10% in other practices. The nurse practitioner residency program has found that residents overwhelmingly wish to work in the VA. The NPRP program is currently a pilot and will require sustained funding to pay for resident stipends and education infrastructure for the educational programs and infrastructure for VA Nursing. NOVA believes it is a good investment as hiring NP's will increase access and enable additional services to veterans needing care nationwide.

Another area of concern is the use of Advanced Practice Nurses (APRNs), which at this time, are subject to the state laws in which the facility is located. If a state has a physician supervisory or collaborative relationship in their regulations, then APRNs are not allowed to practice autonomously to the full scope of their abilities. Currently there are 20 states and the District of Columbia that have Full Practice Authority laws in place; in those states and the district, VA APRNs are allowed to practice to the full extent of their scope. However, in the other remaining states this is not permissible.

VHA is advocating for "Full Practice Authority" which would result in APRNs employed by the VA to function to the full extent of their education, licensure, and training, regardless of what state they live and work. Legislation has been introduced, H.R. 1247, the "*Improving Veterans Access to Care Act of 2015*," which is the model already practiced by the Department of Defense, Indian Health Service and the Public Health Service systems. NOVA, together with the American Nurses Association, American Association of Colleges of Nursing, American Association of Nurse Practitioners, American Association of Nurse Anesthetists, National Association of Clinical Nurse Specialists and the American College of Nurse-Midwives are calling on Congress to support this legislation which would begin to address critical needs within VA facilities by improving wait times and access to care for all veterans.

In closing, NOVA would like to add that the past year's negative publicity surrounding the scheduling and access crisis within VA has also had an impact on recruiting potential applicants. VA employs over 90,000 nurses, which is about one third of its health care workforce. NOVA believes that there is no greater time to have representatives from the Office of Nursing Services at the table as VA reorganizes the way it provides care and services to America's heroes

Improvements and careful review of the process of downgrades across VA, increased training and utilization of Locality Pay law, revising the cap on the RN Pay schedule to eliminate compression, as well as establishing a more user friendly application process and supporting HR offices across the U.S. will go a long way towards correcting the challenges VHA faces with staffing.

NOVA once again thanks you for this opportunity to testify and I would be pleased to answer any questions from the committee.

Statement on Receipt of Grants or Contract Funds: Neither Ms. Joan Clifford, nor the organization she represents, the **Nurses Organization of Veterans Affairs**, has received federal grant or contract funds relevant to the subject matter of this testimony during the current or past two fiscal years.