

STATEMENT FOR THE RECORD
OF
PARALYZED VETERANS OF AMERICA
FOR THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
CONCERNING
“HEALTHY HIRING:
ENABLING VA TO RECRUIT AND RETAIN QUALITY PROVIDERS”

MARCH 22, 2017

Chairman Wenstrup, Ranking Member Brownley, and members of the subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to offer our views on recruiting and retaining quality providers at VA. The degree to which this issue impacts our members, veterans with a spinal cord injury or disease (SCI/D), cannot be overstated. We are grateful to be part of this discussion.

The access to care issues plaguing Department of Veterans Affairs (VA) can almost always be traced back to staff shortages, and the systemic consequences of those shortages, within the health care system. These staffing shortages are a result of improper staffing decisions, a lack of sufficient resources, and the misallocation of existing resources. No reformation of staffing or capital infrastructure processes will increase access without appropriate resources. Despite the increase in resources provided to VA in the past, there is still a significant need for increase in resources to serve an impending demand from aging veterans.

PVA, as well our partners in *The Independent Budget* (IB), DAV and VFW, believe in a holistic approach to workforce development for VA—one that allows for the recruitment, training and retention of a high quality workforce, while at the same time granting VA the authority to hold employees accountable. In order to transform the culture and timeliness of care, Congress must enable VA to quickly hire a competent workforce with competitive compensation that ensures VA is a first-choice employer among providers.

No one is more affected by provider shortages than those veterans with complex injuries who rely on VA to treat their specialized needs. Unfortunately, VA has not maintained its capacity to provide for the unique health care needs of severely disabled veterans—veterans with spinal cord injury/disorder, blindness, amputations, and mental illness—as mandated by P.L. 104-262, the “Veterans’ Health Care Eligibility Reform Act of 1996.” As a result of this law, VA developed policy that required the baseline of capacity for Spinal Cord Injury/Disease System of Care to be measured by the number of available beds and the number of full-time equivalent employees assigned to provide care. VA was also required to provide Congress with an annual “capacity”

report to be reviewed by the Office of the Inspector General. This reporting requirement expired in 2008, and was reinstated in last year's "Continuing Appropriations and Military Construction and Veterans Affairs Appropriations Act for FY 2017." This report, a critical tool of oversight, should be made available to Congress by September 30 of this year. However, we have serious concerns about VA's plan to re-implement this requirement.

It is worth noting that the SCI/D System of Care is the only specialty service line with its own staffing mandate, implemented in 2000, as a standardized method of determining the number of nursing staff needed to fulfill all points of patient care. VA has not met this statutory mandate. For years, PVA has identified chronic staff shortages, resulting bed closures, and denied admissions. Since 2010, VA has operated at only 60% of the capacity mandate. Further still, the mandate itself is 17 years old, and in need of an update to reflect the aging population of veterans. Such an update would provide a starker picture of unmet need for the most vulnerable population of veterans.

When there is a shortage of nurses in a specialty care setting, veterans will be denied admission to that facility, because there aren't the hands to provide care. The unused beds are then either closed, or used for other specialties—further denying access. To complicate the matter, leadership uses a facility's average daily census to substantiate its staff and budget requests. The average daily census only captures that day's utilization, it does not capture that day's denied admissions. Since SCI/D centers are funded based on utilization, refusing care to veterans does not accurately depict the growing needs of aging and newly separated veterans. This dynamic is

inherently compromising to patient safety and is the clearest evidence for the need to provide resources to quickly improve provider recruitment and retention.

PVA strongly advocates for Congress to provide sufficient funding for VA to hire physicians, nurses, psychologists, social workers, and rehabilitation therapists to meet the true demand for services in the SCI/D system of care. In 2015, SCI/D nurses worked more than 105,000 combined hours of overtime due to understaffing. Such a trend is unnecessary and dangerous, and has led to an inevitable staff burnout, low morale and in some circumstances, jeopardized the health care of patients. Left to their own devices, too many facility directors have staffed spinal cord injury centers like non-specialty/general rehabilitation or geriatric units. VA's staffing decisions do not properly account for the unique skills required of the nursing staff in an SCI/D unit. This leads to floating nurses who are not properly trained to handle SCI patients or overworking the existing nursing staff, which in turn leads to burn out, injury, and staff departure. Veterans are then left without the responsive bedside care they need. Considering SCI/D Veterans are the most vulnerable patient population, the reluctance to meet legally mandated staffing levels is tantamount to willful dereliction of duty.

Additionally, it is no surprise to suggest VA's administrative bureaucracy has ballooned in recent years. Arguably, resources devoted to expanding administrative staff have significantly jeopardized the clinical operations of VA. We believe serious consideration needs to be given to rightsizing the administrative functions of VA to free critical resources and dedicate them to building clinical capacity. Congress must use its oversight authority to ensure VA is using its own range of authorities to recruit and compensate providers in critical health care positions.

Mid-level management at the VISN level seems to have obfuscated all responsibility for clinical staff shortages, while maintaining themselves handsomely. The 21 VISNs, managed by directors and senior managers control the funding for all 1,233 VA health facilities, and are required to oversee the performance for their VA facilities and providers. Currently a nominal appointment, this structure was intended to decentralize decision-making authority and integrate the facilities to develop an interdependent system of care.

In 1995 the total number of VISN staff was 220. In fiscal year 2011, the total number of VISN employees had climbed to 1,340, a 509% increase, while bedside clinician and nurse staffing in specialized VA services plateaued, then fell behind demand. Meanwhile, the VA failed to request from Congress the resources to meet health care demand, particularly in specialized services such as spinal cord injury and disorder care and inpatient mental health.

A modernized and effective human resources operation is vital to any organization, especially one as large as VA. The multiple authorities governing the VHA personnel system are incompatible with a high-performing health care system. Hiring managers and their employees must attempt to understand the end-to-end hiring process under four separate rules systems. This unnecessarily adds complexity to the hiring system which is difficult for both the potential employee and the human resources staff to navigate. The unnaturally slow hiring process also ensures VA loses talented applicants. It is not reasonable to expect a quality provider to wait up to six months for VA to process an application. Similarly, when an employee announces his or her forthcoming retirement or departure from VA, HR is unable to begin the recruiting or hiring process for that position until it is actually vacated. This not only causes an unnecessary

vacancy, exacerbated by the lengthy hiring time, but it also prevents a warm handoff between employees and any chance for training or shadowing.

PVA believes that veterans have suffered from VA's inability to be competitive with its private sector health care counterparts who do not face the same restrictions on pay and benefits. In the face of a nationwide provider shortage, and an aging generation of baby boomers, VA must be competitive now in order to have any chance of meeting the needs of veterans.

While the personnel challenges facing VA, are numerous, and often frustrating, it is important to remember these staffing issues and how they are resolved will have an immediate impact on the life and well-being of catastrophically injured veterans. For the thousands with complex needs, there is no private sector alternative where they can seek care until VA's access problems are solved.

Thank you for the opportunity to present our views on these issues.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2017

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — \$275,000.

Fiscal Year 2016

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — \$200,000.

Fiscal Year 2015

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — \$425,000.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations, which in some cases are U.S. subsidiaries of non-U.S. companies.