



STATEMENT OF THELMA ROACH-SERRY, BSN, RN, NE-BC

PRESIDENT

NURSES ORGANIZATION OF VETERANS AFFAIRS (NOVA)

BEFORE THE VETERANS' AFFAIRS SUBCOMMITTEE ON HEALTH

UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

"The Cost of Caring"

WASHINGTON, D.C.

July 10, 2019

Chairwoman Brownley, Ranking Member Dr. Dunn, and Members of the Subcommittee on Health, 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 subject "*The Cost of Caring*" and how to improve the Department of Veterans' Affairs (VA) ability to remain competitive in the healthcare industry.

NOVA is a professional organization for nurses employed by the Department of Veterans Affairs.

NOVA appreciates the opportunity to provide our input; as nurses who make up one third of the VA workforce, we will discuss the critical areas that affect hiring, recruitment and retention and contribute to staffing shortages around the country.

Staffing vacancies within the Veterans Health Administration (VHA) have fluctuated between 40,000 to nearly 46,000 in recent months. Inconsistencies in data collected on where shortages exist continues as noted in a recent report published by the VA Office of Inspector General (VA OIG). The report mandated under the MISSION Act, Section 505, (June 25, 2019 /VA OIG 19-00266-141) shows that VA's vacancy data is organized by

broad position categories - clinical and nonclinical - rather than specific occupations. Without the required specificity, i.e. nurses, doctors and other clinical staff shortages, those using the data to identify needs within facilities are spending valuable time on another step impeding the process.

Identifying shortages where patient centered care is affected should be a priority. Simplified data that provides information on how many nurses (at all levels), doctors, mental health providers, etc. are needed at each facility would be far more effective and transparent. The OIG noted in its recommendations, that VA should identify specific jobs or positions so that the public can better understand its staffing needs. VA should also adjust its methodology for aggregating gains and losses to ensure that data is reported appropriately and transparently.

As nurses who provide direct patient care, having adequate staff goes hand in hand in determining access and delivering high quality health care to all Veterans.

The ability to recruit, hire and retain professional healthcare staff is critical to any well-run healthcare system. A 2018 VA OIG report (June 14, 2018/VA OIG 18-01693-196) stated that, “the most common cited challenges to staffing included - lack of qualified applicants, non-competitive salary, and high staff turnover.”

NOVA has identified several ways that would streamline the hiring process to include solutions to recruitment and retention barriers, training and knowledge within Human Resources (HR), pay structure/locality pay and reclassification of essential positions.

As background: VHA has three hiring authorities: Title 38, Title 38 Hybrid, and Title 5. All with their own respective set of rules and regulations for hiring personnel. Proper training and enough staff within HR are critical to ensure policies and procedures under each authority are being used to hire and onboard staff efficiently. Currently, HR uses several systems to include HR Smart/USA jobs with much time being spent on processing applications and other tedious tasks that impede swift hiring practices.

The use of direct hiring authority to backfill existing authorized vacancies must be considered for immediate implementation of Title 38 positions.

NOVA thanks the VA Committees for including broader hiring authorities in several recently signed laws - P.L. 115-46, *VA Choice and Quality Employment Act*; and P.L. 115-182, *the MISSION Act*, but cautions that funding and resources must be available within each VISN/Medical Center budget to fill critical positions. Data on whether these are being used is not available at this time.

NOVA suggests surveying several facility HR offices to get a sense as to whether these are effective in decreasing workforce shortages, and if the facility has proper funding to fill critical gaps.

NOVA has called for the inclusion of all authorities in training tools for HR staff and the utilization of locality pay laws to improve the efficiency and speed of the hiring process.

We also recommend revising and expanding pay caps which will allow VA the opportunity to offer competitive salaries and advancement, while alleviating compressed pay schedules and removing barriers to hiring quality health care leaders.

For example, at a large 1A facility, Administrative pay grades 4 and 5 (i.e. Associate Chief Nurse, Associate Director of Nursing/Patient Care Services) each have 12 steps. Nurse 4 step 11 is set at the cap of \$166,500 as is step 12. Nurse 5 step one begins at \$144,519, but steps 7-12 are all capped at \$166,500. As salaries increase, eventually all the step increases will back into each other unless expansion of the current pay cap occurs.

Note – VHA salaries are set from nurse 1, step 1 and end at nurse 5 step 12.

The current pay caps hurt retention and discourages others from moving up in their respective positions.

Implementation of annual salary surveys and a review of local pay scales should be required for each occupation in order to make the corrective steps needed to align all health care staff across VHA. This may help hiring in rural and remote areas and encourage those in urban to reconsider working at VA.

Another way to streamline processes is to improve IT programs to support quicker hiring and credentialing of employees - the current system, USA jobs is riddled with difficulties, and is not user friendly. The complexity of the system and excessive time to complete an application seriously impedes hiring and often discourages those who want to work at VA from getting through the process.

The average time to hire at a VHA facility can be up to or as long as 6-8 months, which often means the health care applicant has already found other employment by the time a decision and/or feedback is given.

The hiring process must be updated and simplified to attract highly qualified applicants in a timelier, less cumbersome way.

As VA continues to adapt and change to the growing needs of Veterans through its Modernization and Veterans Community Care Program, we must not lose sight of the

exceptional care provided within VHA. Nurses provide excellent care and are responsible for much of the work with respect to community care. There must be an assessment of, or accommodation made for extra staff needed to perform this expansion of workload.

We do not agree with any plan that would include diverting staff or funding from other clinical care needs. Adequate and appropriate use of funding for internal VA needs – like hiring and staffing - must take priority if the system is to remain competitive within the healthcare industry.

In closing, NOVA supports all efforts directed towards retention, recruitment and hiring for the VHA's largest workforce. To include, reviewing and enhancing nurse pay to be competitive with community and private sector standards; removing the cap from nurse pay scales to enable current employees to apply for critical leadership positions, and updating and simplifying job site IT systems. All of these are part of the cost of caring for our Nation's Veterans.

Members of the Subcommittee, again, thank you for allowing NOVA to provide our ideas on how VA can streamline its hiring process, address shortages, and remain competitive within the healthcare arena. We hope that you will continue to recognize that nurses play a significant role in the delivery of care as you continue to discuss critical issues before your Committee.

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.