

VA Nurses Address Critical Needs

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Ms. Morris is Director of Advocacy and Government Relations at the Nurses Organization of Veterans Affairs. or more than 35 years, the Nurses Organization of Veterans Affairs (NOVA) has been the voice of more than 3,000 Department of Veterans Affairs (VA) nurses caring for veterans. Speaking on behalf of its members, NOVA leaders provide an annual list of its legislative priority goals, which identifies concerns that require either legislation, funding, or implementation at the regulatory level within the VA.

At the top of this list of priorities is the ability to retain, recruit, and hire critical staff. The VA has had difficulty hiring essential staff at many levels within its health care facilities. A VA internal audit found that the need for additional doctors, nurses, and other specialty care was the highest barrier or challenge to providing access to care for veterans. Both congressional VA oversight committees have discussed this issue and included hiring provisions in their respective Choice/Community Care bills that await final action in both chambers.

In its recruitment/staffing goals, NOVA identified the 5 following areas:

- Hire additional human resources (HR) staff and review and streamline policies and procedures to improve the hiring process;
- Review thoroughly downgrades and reclassification of critical positions across the VA;
- Increase training of HR personnel on use of locality pay process in hiring;
- Revise the cap on nurse pay structures and registered nurse pay schedules and reclassification of critical positions so that VA can ensure competitive salaries; and
- Address USAJOBS website problems, including the complexity and excessive time required to complete application and inadequate applications response/feedback.

Addressing Choice/Community Integrated Health Care—Choice 2.0—is another NOVA goal. When the VA cannot provide timely care to veterans, NOVA supports the use of outside providers. A consolidated community care program implemented with clear eligibility rules and training for VA employees will end confusion for veterans using the program. The leadership of NOVA believes that the VA must remain the first point of access and coordinator of all health care for enrolled veterans. The Choice program was intended to fill gaps and be a temporary solution to access issues. Current legislation would consolidate all non-VA care and make the Choice program permanent with funding subject to appropriations.

Although NOVA supports the addition of community providers as a crucial part of an integrated network designed to provide care where there are shortages, the change has called attention to myriad problems created by outside providers, such as delays in care, the wrong care, or the veteran not being seen at all. Any final Choice/Community Care legislation must include mandatory training for both VA personnel and community providers to improve coordination and timeliness of care and services. The legislation also must hold community providers to the same high standards and quality metrics already in place at the VA.

Last, NOVA addresses information technology (IT) across VHA, which includes supporting an electronic health record for seamless transition of care between DoD and VA, proper funding for all IT stations to improve patient safety, software usability, and standardization of patient health care records across the system. As the VA continues to modernize, NOVA asks that nursing leadership be at the forefront of all strategic decision making.

As an advocate for its members and the patients they serve, NOVA will continue to share its views with Congress, the administration, and VA leadership on how they can work together toward common goals—educating the next generation of nurses, providing innovative health care solutions, or learning how veterans envision their health care. For more information about NOVA, a list of its 2018 Legislative Priority Goals, or to become a member, visit vanurse.org.

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