

STATEMENT OF

OF

TERI L. JAMES, RN
LOCAL PRESIDENT
AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO
LOCAL 609

BEFORE

THE HOUSE COMMITTEE ON VETERANS' AFFAIRS
OVERSIGHT AND INVESTIGATIONS SUBCOMMITTEE

INDIANAPOLIS, INDIANA FIELD HEARING
ON

MANAGEMENT AND QUALITY OF CARE AT THE
RICHARD L. ROUDEBUSH VA MEDICAL CENTER

SEPTEMBER 5, 2001

Chairman Buyer and Ranking Member Carson, my name is Teri L. James. I am President of Local 609 of the American Federation of Government Employees (AFGE). My union represents professional health care workers at the Richard L. Roudebush VA Medical Center in Indianapolis, IN. Nationwide, AFGE represents 135,000 VA employees.

I have proudly worked as a Registered Nurse (RN) at the Richard L. Roudebush VA Medical Center for ten years. Before that I was a RN at the Marion, Indiana, VA facility for 13 years. Both my parents were RNs at VA facilities and my grandfather was a Nursing Assistant at the Marion VA facility. My nursing career has been dedicated to caring for veterans.

Understaffing is Threatening patient Care and Safety

The lack of adequate staffing at the Richard L. Roudebush VAMC is of paramount concern for the health care providers that AFGE represents. Because these health care providers are first and foremost patients' advocates, they are concerned about how veterans suffer and patient safety is jeopardized due to inadequate staffing.

The lack of nursing staff at the VA -- nationwide, in our state and in our facility -- is devastating.

From September 1995 to September 2000, nationwide VA cut Registered Nurses (RNs) by 10 percent, Licensed Practical Nurses (LPNs) by 13 percent, and Nursing Assistants (NAs) by 30 percent. These cuts have meant a loss of 1 in 6 direct patient caregivers. At the Richard L. Roudebush facility we are "budgeted" for 371 RNs but only have 366 on staff. In reality, we need more nurses than the even the 371 positions VA management has budgeted for our facility.

This staffing crisis impacts the quality of care veterans receive and threatens patient safety. When there are not enough RNs and support staff to care for the patients, staff are more likely to make medical errors. Even when medical errors are avoided, patients still suffer. Harried and weary nurses may not be as observant of subtle changes in a patient's condition that signal a medical problem. Overwhelmed and overworked nurses may also lack the keen level of concentration and emotional stamina necessary to deliver high quality and compassionate care. Medical records, medications, basic care, and critical medical interventions are delayed, forgotten or mixed up because staff is spread too thin.

A 1998 study showed that patients who have surgery done in hospitals with fewer RNs per patient than other hospitals run a higher risk of developing avoidable complications, such as pneumonia and urinary tract infections. A 1995 study of patient outcomes found that the RN-to-bed ratio was the most important factor in predicting the differences among hospitals' success rates in saving patients that experienced serious adverse events. This is because nurses are the ones who first recognize a medical complication and call the physician.

The perils of understaffing are very evident on our Medical Intensive Care Unit (or MICU). This ward is for veterans who need a high level of constant care and have severe medical conditions. This unit is supposed to operate with nine RNs on all shifts plus a staff person whose sole responsibility is to watch all the cardiac monitors. A safe staff-to-patient ratio is one RN per one or two MICU patients. Rarely does VA management meet this staffing level.

Recently, MICU had seven RN for 24 patients, or a ratio of one RN to 3.4 patients. Of these 24 patients, eight had medical conditions rated at the most extreme acuity level. These eight patients were all on respiratory ventilators. Safe staffing policy dictates one RN for each one of these patients. This is to ensure that each patient would have a dedicated nurse to monitor his or her breathing and to respond immediately a ventilator alarm. The failure to respond immediately to a ventilator patient in distress could mean the patient's death.

VA management's failure to adequately staff MICU and other units places patient safety at risk.

The lack of staff also means that veterans are being denied access to care at the VA and veterans are being diverted to private sector hospitals at what we presume is a great expense to VA facilities. The training of medical and nursing students also suffers because current staff have no time or energy to provide students with the review and feedback crucial to their education as health care professionals.

Although the nursing shortage has been highlighted in the media, other professions are on the verge of crisis of similar proportions. Unfilled pharmacists positions are rapidly on the rise, at the same time the demand for these essential health care workers is growing and enrollment in pharmacy schools is dropping. VA is also vulnerable to the growing shortage of social workers and medical technologists. We also are having difficulty recruiting and retaining physical therapists and other key therapeutic staff who are indispensable to veterans' care.

VA Management's Response to this Crisis in Staffing is Inadequate

AFGE Local 609 is very concerned that VA management is not responding adequately to this crisis in staffing.

Even though we are having significant problems in retaining and hiring staff, our facility's management has stated that they are actively avoiding recruitment and retention bonuses.

Promotions are key to retaining nursing staff. Our facility management has failed to recognize the work of experienced nurses by denying them pay promotions from Nurse I to Nurse II and from Nurse II to Nurse III. In our facility, promotions to the Nurse Level III are infrequent.

VA's new Nurse Qualification Standards are practically shutting the door on promotions to a Nurse Level II unless a nurse has a Bachelor of Nursing Science (BSN). Most licensed nurses nationwide do not have BSN but do have a diploma or associate degree. How can the VA expect to retain or recruit employees who are highly qualified, experienced, licensed RNs, who happen to choose a different course of education if it will never promote them because of their particular degree?

Competitive pay is key to both keeping nurses on staff, improving morale and in becoming the employer of choice. Recently our facility gave Nurse Level I RNs a only 3 percent pay raise, Nurse Level II RNs a 2 percent pay raise and Nurse Level III employees no raise at all.

VA employees understand that they must work on weekends because medical care for veterans is a round-the-clock, seven-days-a week operation. In the private sector employees are routinely paid a premium for working on less desirable shifts. This is not the case at the VA.

By law, RN's receive a premium for working on weekends. This premium is not for overtime but for a regular shift. Pharmacists, Physical Therapists, Respiratory Therapists and Licensed Practical Nurses, are guaranteed only Sunday premium pay. Saturday premium pay is at the option of the Medical Director. This is because in the 1980'2 Congress created a category of employee's considered "hybrid" because they straddle the personnel laws of Title 38 and Title 5 employees. Our facility's management has used its authority to deny many of these key employees Saturday premium pay.

For Title 5 employees, like medical technologists and nursing assistants, the law prohibits them from being paid premium pay for working a regular shift on Saturdays. For these employees the law only provides them with Sunday premium pay.

Chairman Buyer and Representative Carson, I urge you to support changing the law to ensure that all VA employees who work on Saturdays receive Saturday premium pay.

In addition to pay, there are other important intangibles – like professional respect and including staff in key policy and staffing decisions -- that VA management must improve.

When VA fails to create favorable working conditions by treating its staff with respect and dignity it sends a profound message to not only its workforce but to candidates for employment. Moreover, the way that VA management treats its workforce ultimately redounds to DVA's genuine desire and capability to honor veterans with compassionate and high quality care.

Chairman Buyer and Representative Carson, I thank you for holding this oversight hearing. That concludes my testimony.