Annual Report on the Steps Taken to Achieve Full Staffing Capacity

Department of Veterans Affairs

June 2022

Table of Contents

Introduction

Section 505(b) of the John S. McCain III, Daniel K. Akaka and Samuel R. Johnson Department of Veterans Affairs (VA) Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (P.L. 115-182) (hereafter, VA MISSION Act), established a requirement for VA to submit to Congress an annual report on the steps the Department is taking to achieve full staffing capacity, including the amount of additional funds necessary to enable the Department to reach full staffing capacity. Section 3008 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116-315) added an additional requirement that VA describe the steps it is taking to improve the onboard timeline for facilities in which the duration of the onboard timeline exceeds the Time to Hire Model.[1]

This annual report is the fourth such report that VA has issued since the VA MISSION Act was enacted in 2018. The report continues to describe VA's progress in building and sustaining a workforce that can carry out VA's vision of providing Veterans and their families with the world-class benefits and services they have earned, guided by VA's four fundamental principles—access, advocacy, outcomes and excellence.

As noted in prior reports, "full staffing capacity" refers to the number of full-time equivalent employees[2] (FTE) needed at a point in time to accomplish VA's mission to care for Veterans and their families with dignity and respect. Full staffing capacity requirements are dynamic and continually reviewed and updated based upon emerging business and workload requirements. Key drivers that impact full staffing capacity include increased demand for services; changes in health care trends, including the impact of the Coronavirus Disease 2019 (COVID-19); opportunities to continue supportive partnerships with the community; changes in the size and needs of the population being served; and legislative mandates. These drivers create a hiring environment that is constantly in motion and evolving. The resources generously provided through budget appropriations, as outlined in the annual President's Budget request, allows VA to continue to deliver on the Nation's promise to Veterans.

This report provides an overview of employee trends to show VA's growth year to year and how VA compares to the private sector in retaining staff in certain occupations. The report also describes initiatives underway to improve position management and set predictable requirements for staffing, which are the crucial for making hiring decisions and improving time to hire so that VA achieves full staffing capacity. Finally, and importantly, the report presents an overview of VA's strategy to invest in its workforce.

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[1] Section 505(b) reads in full "The Secretary of Veterans Affairs shall submit to Congress an annual report on the steps the Department is taking to achieve full staffing capacity, and to improve the onboard timeline for facilities for which the duration of the onboarding process exceeds the metrics laid out in the Time to Hire Model of the Veterans Health Administration, or successor model. Each report shall include the amount of additional funds necessary to enable the Department to reach full staffing capacity." P.L. 115-82, title V, section 505 (June 6, 2018), as amended by P.L. 116-315, title III, section 3008 (Jan. 5, 2021).

[2] Full-Time Equivalent refers to the total number of regular straight-time hours worked by employees divided by the number of compensable hours applicable to each fiscal year (regular method) or the total regular hours worked in a fiscal year (2,080 hours) divided by 26 bi-weekly pay periods (pay period method). Office of Management and Budget A-11 Circular § 85.5(c).

Employee Trends

As of March 31, 2022, VA had 411,919 onboard employees[3] (includes full-time, part-time and seasonal employees), representing a total of 402,876 onboard FTEs.[4] The Veterans Health Administration (VHA) accounts for nearly 90% of VA employees.

As the largest integrated health care delivery system in America, VA's workforce challenges mirror those of the private health care industry, with increased demand and a tightening supply of labor. The American Hospital Association (AHA) recently sent a letter to the House Energy and Commerce Committee noting that health care workforce challenges "are a national emergency that demand immediate attention from all levels of government and workable solutions."[5] Across the private health care sector, hospitals and ambulatory care centers have reported higher turnover rates, increased labor costs and increased reliance on travel nurses.

In recent quarters, VA has seen a slowing in onboard net growth with about 9% fewer gains than the average of the four years prior to the start of the pandemic. This change in trend was partly due to the challenges faced by many health care systems competing for tight labor supply. However, losses were about 16% lower than the average of the four fiscal years prior to the pandemic. As a result, at the aggregate level, VA continues to see a net gain in its overall onboard employees when comparing year to year growth. This is partly due to consistent increases by Congress in funding levels for FTEs, as well as VA's increased emphasis on hiring, recruitment and retention strategies. As one of the top 10 large agencies to work for in the Federal Government, VA's Engagement Score has steadily increased from 68% in 2017 to 73% in 2021. Additionally, according to VA's fiscal year (FY) 2021 exit survey, 79% of VA respondents would recommend VA as a place of employment and 75% of VA respondents would consider working for VA again.

VA's growth in onboard employees and FTEs correlates to the increased staffing required to meet increased demand for services, improved access to care and benefits, reduced wait times, improved quality, enhanced Veteran satisfaction and overall mission growth (i.e., staffing capacity need). Most of the additional staffing capacity growth at VA in the past 5 years has been in clinical occupations, which is the largest share of VA employees. As presented in Table 1 below, the average annual onboard

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[3] Onboards (i.e., the number of personnel encumbering positions) are the number of employees (i.e., headcount) onboard when the data are reported. Note, "onboards" differ from "full time equivalent (FTE)," which is a budgetary term based on compensable hours as opposed to headcount. VA hires some part-time employees (i.e., partial FTEs), as such, onboard figures consistently exceed FTE figures. Onboard counts do not include the following employee categories: intermittent staff, non-salaried health professional trainees, employees in a non-pay status or volunteers.
[4] The total number excludes categories of employees specifically excluded from the quarterly VA MISSION Act reporting under section 505(a) (Office of Inspector General, Veterans Canteen Service (VCS) and employees who are intermittent or in a non-pay status). For Veterans Health Administration (VHA) only, residents, interns, fellows, students and trainees are excluded.
[5] AHA Letter Re: Challenges Facing America's Health Care Workforce as the U.S. Enters Third Year of COVID-19 Pandemic | AHA.

employees have steadily grown in recent years, and VA has nearly 50,000 more employees than it had 5 years ago.

Table 1. Historical VA Employees Onboard, FTEs, Hires, Losses, Net Increase and Growth Rates[6]

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2020 with CARES Act	FY 2021
Employees	358,449	365,479	377,156	389,888	399,957	405,230	406,564
FTEs	349,315	356,378	368,070	380,724	390,539	395,082	397,482
Gains	40,634	40,053	46,402	47,580	41,160	46,118	39,945
Losses	32,780	32,778	34,936	36,050	24,843	25,304	28,667
Net Gain	7,854	7,275	11,466	11,530	16,317	20,814	11,278
Growth Rate	2.53%	1.96%	3.19%	3.38%	2.58%	3.93%	1.65%

Note: "Net Gain" and "Growth Rate" are calculated by measuring the change in the total number of employees from year-to-year. The FY 2021 "Net Gain" and "Growth Rate" measures against the FY 2020 employees *without* consideration of the temporary surge provided under the Coronavirus Aid, Relief and Economic Security Act (the "CARES Act") (P.L. 116-136). About half of the approximately 8,000 employees supported by the CARES Act had transitioned into a permanent position at the end of FY 2021, Q4. These data are from VA's human resources database (HR Smart) from a point in time and may not align perfectly with data from other systems with different parameters.

VA consistently maintained separation (turnover) rates at or below 9.6% in recent years, and in FY 2020, VA's turnover rate dropped to 8.95%, due in part to the COVID-19 pandemic and associated economic factors. In FY 2021, the turnover rate in VHA increased to a 20-year high of 9.9%, partly due to higher wages and bonuses offered by private health care systems coupled with COVID-19 pressures and burnout. Nevertheless, the success of VA's workforce planning and employee engagement strategies is evidenced by the comparison of VA's separation rates to other Federal agencies (average 18.8%) and the Nationwide health care and social assistance industry (average 39.4%) over the same time-period.[7]

Table 2 below presents a comparison between VHA and private sector turnover rates of select health care professionals, demonstrating that VHA has a significantly lower turnover rate than the private sector in these occupations.

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[6] Data Sources: For FY 2016-2019, the source was the VHA Support Service Center (VSSC) Human Resource Management data cubes, as of March 31, 2020. For FY 2020 data, the data source is VA's human resources (HR) system of record (HR•Smart), as of September 30, 2020. Notes: Excludes OIG, VCS, intermittent employees, residents, interns, fellows, students, trainees, non-pay status, COVID-19 and fee-based employees. Data may vary slightly with other public reports for similar timeframes, due to different points in time that the data are pulled.
[7] The annual total separations rate is the number of total separations during the entire year as a percentage of annual average employment. Bureau of Labor Statistics, Annual total separations rates by industry and region, not seasonally-adjusted report, https://www.bls.gov/news.release/jolts.t16.htm; extracted April 9, 2022.

Table 2. Calendar Year 2021 VHA Turnover Rates Compared to Calendar Year 2021 Private Sector Turnover Rates[8]

Occupation	VHA	Private Sector	Occupation	VHA	Private Sector
Nurse Anesthetist (CRNA)	7.7%	22.9%	Pharmacist	3.8%	10.0%
Nurse Practitioner	8.8%	15.3%	Medical Technologist	10.9%	20.9%
Registered Nurse	9.5%	27.1%	Physical Therapist	4.6%	13.6%
Nursing Assistant	13.1%	35.5%	Respiratory Therapist	8.5%	25.3%
Patient Care Tech (Health Aid and Technician)	11.5%	38.1%	Occupational Therapist	5.2%	18.2%
Radiologic Technologist	7.3%	17.67%	Speech Therapist (Speech Pathology/Audiology)	5.4%	18.3%
Physician Assistant	7.5%	10.7%	Nursing Unit Manager/Director	6.9%	11.8%

VA's unique mission attracts new employees each year, and nearly 30% of VA's workforce are Veterans themselves, who identify closely with VA's mission. Other unique benefits attracting employees include working for a Nationwide health care organization that provides flexibility to move to facilities in other parts of the country without leaving VA employment, while maintaining a single professional license or credential. VA benefits also include scholarships for employees to gain education in a critical shortage occupation, loan repayment to help those who already completed their education, liability protection, generous benefits, work schedule flexibilities, telework options (including a new hybrid work environment) and the opportunity to participate in cutting-edge medical research.

During the past 2 years VA has increased reliance on travel nurses. VA's "Fourth Mission" is to improve the Nation's preparedness for response to war, terrorism, national emergencies and natural disasters, in accordance with Presidential Policy Directive PPD-83. Travel nurses have supported this mission through deployments to assist national, state and local emergency management public health needs. Between January 2020 and January 2022, VA supported 4,394 nursing deployments, which included VA medical centers (VAMC), State Veterans Homes, Community Nursing Homes and the Indian Health Service.

Recognizing the challenges placed on nursing in all health care systems around the world, VA is implementing various authorities and actions in support of sustaining a strong and capable nursing corps. These actions, pursued across the Nation and at the Department-level, are aimed at addressing the stresses that the VA nursing workforce faces.

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[8] Data Sources: VHA statistics: VSSC Human Resource Management data cubes extract, as of March 31, 2022; Private Sector: Nursing Solutions Inc. (NSI), 2021 NSI National Health Care Retention and RN Staffing Report, dated March 2022. https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf.

VA understands that attracting not just new employees, but new graduate nurse employees, is particularly critical to developing new talent and strengthening the nursing pipeline. Academic affiliations with universities and colleges across the U.S. and supporting a wide variety of nurse residency programs are designed to provide educational opportunities for tomorrow's VA nursing workforce.

Nurse residency programs, like the Registered Nurse Transition-to-Practice (RNTTP) Residency Program, are integral to bridging the gap between new graduate nurses from an academic setting to a practice setting. The RNTTP Residency Program has seen participation double over the last several years, from 212 participants in 2018 to over 400 participants today. Research demonstrates that nurse residency programs help to improve retention rates of those who participate.

Defining Staffing Requirements

VA relies upon extensive data on workload, utilization and Veteran characteristics that are used for strategic planning and budget formulation. In most instances, forecasted staffing requirements (reflected as FTEs) requested in the annual budget submissions are based upon robust analysis of historical and projected workload. VHA uses a model that incorporates actuarial methods to project Veteran demand for health care. This actuarial model, known as the VA Enrollee Health Care Projection Model (EHCPM), supports the formulation of approximately 90% of the VA health care budget and is used to assess the budgetary and workload impact of changes in a dynamic health care environment. The VA EHCPM considers unique characteristics of the Veteran population and health care factors that impact Veteran enrollment and use of VA services. Similarly, the Veterans Benefits Administration (VBA) uses actuarial models to develop benefits workload projections. These workload projections are subsequently used to forecast staffing requirements for claims examiners. As such, FTE requests in VA's budget submissions are the best indicator of workload-based staffing requirements. The staffing capacity gap is best defined as the difference between funded FTEs and onboard FTEs.

VA is making progress with internal system changes to HR•Smart that were designed to put controls in place to enhance position management processes and move towards better data integrity and fidelity in the reported positions, particularly vacant positions. These changes will support efforts to maintain position quality through continual position validation reviews. Validation processes and system improvements include participation from financial managers to ensure positions marked as "budgeted" have available funds to support actual hiring. Unfortunately, due to the continued impact of the COVID-19 pandemic through FY 2021 and into FY 2022, those changes were delayed. As such, VA is not yet at the point where the vacancies recorded in HR•Smart are indicative of true current and budgeted positions, but rather best estimates based on available data and systems. VA is making progress in understanding its full staffing requirements and number of true vacancies. In FY 2021, VA convened an integrated project team on Position and Staffing Transparency to assess the root causes for HR•Smart data quality

and to take the actions necessary to maintain data quality. These are underway with a plan to begin implementation of needed changes by the end of FY 2022.

VA actively monitors the workforce to evaluate and take action to minimize the impact of staffing gaps on capacity to care for Veterans. Mitigation actions to ensure staffing gaps do not impact VA's capacity to serve Veterans use the full range of tools provided by Congress. These actions include both human capital management (e.g., recruitment and retention incentives and special hiring initiatives) and those designed to increase capacity (e.g., providing access to health care through Community Care, or the use of fee-basis-only employees to provide health care at VA facilities).

In addition, VA has been a leader in using telehealth and mobile deployment clinics to reach Veterans living in areas defined by the Health Resources and Services Administration as health professional shortage areas as well as to provide more virtual care to Veterans throughout the country. Due to the significant size of the Veteran population who reside in remote areas, VA has been leading the way in virtual health care delivery and is well positioned to expand in geographic regions. VHA is aggressively evaluating options to further expand this modality of care to better serve our Veterans. This expansion includes implementing "anywhere to anywhere" telehealth, which brings provider expertise into Veterans' homes. The VA MISSION Act enables VA-employed health care professionals to deliver care to beneficiaries through telehealth using an active and unrestricted license, registration or certification from any state irrespective of the location of the provider or the Veteran. This enhanced flexibility to leverage the medical expertise of physicians in one location to meet Veteran needs in other locations allows VA to address bandwidth gaps.
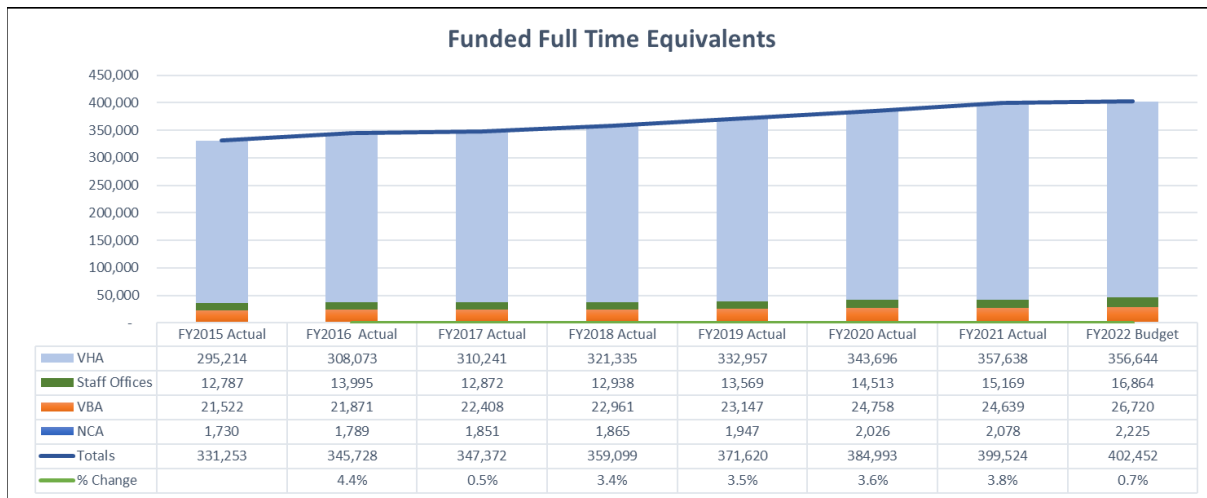
Funding for Full Staffing Capacity

VA has a significant number of part-time employees and manages its human resource funding and staffing requirements in terms of FTEs rather than actual employees.[9] Discussions on staffing requirements and capacity are more accurately accomplished in terms of FTEs. With funding for 417,592 FTEs in VA's FY 2022 budget operating plans, VA is the second largest Federal agency in the United States.[10] As presented in Figure 1 below, funding for VA's workforce continued to grow at an average of 2.8% in the past 7 years. Much of the FTE growth is based upon increased workload resulting from the efforts to expand access to health care, implementation of the VA MISSION Act and strengthening Veterans' benefits programs.

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[9] Employees are the number of personnel encumbering positions (i.e., headcount) onboard at the time the data are reported. Employees differ from FTEs, which is a budgetary term based on compensable hours. Since VA hires part-time employees representing partial FTEs, the employee counts consistently exceed FTE. Employees do not include unpaid health professional trainees or other volunteers, or intermittent, non-salaried employees.
[10] VA operating plans are VA's budget plan to implement the annual appropriations provided by Congress. Budgeted FTEs include ARP funded FTEs and excludes OIG and VCS funded FTEs.

Figure 1. VA's Actual FTEs, FY 2016-FY 2021, and Budgeted FTEs, FY 2022[11]

	FY2015 Actual	FY2016 Actual	FY2017 Actual	FY2018 Actual	FY2019 Actual	FY2020 Actual	FY2021 Actual	FY2022 Budget
VHA	295,214	308,073	310,241	321,335	332,957	343,696	357,638	356,644
Staff Offices	12,787	13,995	12,872	12,938	13,569	14,513	15,169	16,864
VBA	21,522	21,871	22,408	22,961	23,147	24,758	24,639	26,720
NCA	1,730	1,789	1,851	1,865	1,947	2,026	2,078	2,225
Totals	331,253	345,728	347,372	359,099	371,620	384,993	399,524	402,452
% Change		4.4%	0.5%	3.4%	3.5%	3.6%	3.8%	0.7%

Data Sources: FY 2015 through FY 2021 are actuals reported in VA's FY 2017 through FY 2023 Annual Budget Submissions, Supplemental Information and Appendices. FY 2022 budgeted levels are from VA's operating plans.

VA's FY 2022 operating plans have funding for 402,452 FTEs. Given the rigor of the budget formulation process, the resources Congress provided in the FY 2022 appropriations Act, particularly those associated with staffing, will allow VA to continue to meet the growing demands of the Veteran population.

As outlined in the Workforce Requirements Management section below, VA is moving to develop the analytic tools and discipline needed to implement a requirements-based system of validating staffing requirements and tracking that data in an authoritative data source. These requirements will fully consider all categories of staffing available to support VA's mission (i.e., Federal employees; fee basis-only employees; contract support; and workload met by the Community Care Program). These data will be used to more fully inform staffing gaps required to meet VA's mission in future year budget submissions. In the interim, VA uses a wide array of analytic tools to project workload and costs to inform annual budget requests. VA will continue to work with Congress on projected resources needed to enable the Department to carry out the existing mission and any emerging and/or evolving mission requirements.

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[11] Staff Offices include all General Administration appropriations, Board of Veterans' Appeals and the Office of Information and Technology.

Workforce Requirements Management

In addition to enhancements to HR•Smart and systematic implementation of position management policies and processes, VA is continuing to develop staffing models and validate staffing requirements and document those requirements in an authoritative data source. Implementation of validated staffing requirements will assist in standardizing care delivery, ensuring the best care is delivered in the most efficient way possible as measured by health outcomes. The overarching policy to document validated staffing requirements using workload-based analysis, standardize organizational structure and maintain data integrity of positions was published in October 2019. To accelerate workload-based staffing requirements, VA is building upon a decade of analysis of workload-based staffing requirements, primarily using industry-wide benchmarks to validate staffing requirements. VA developed validated staffing models for more than 85% of the Office of Information and Technology (OIT) workforce and plans to provide VAMCs with staffing models for review and vetting by the end of FY 2022 covering about 80% of the VA total workforce. Over time, manning documents will become an important management tool to provide a baseline of the workforce structure for planning and budget formulation.

Governance over VA's organizational structure, position management and workload-based staffing requirements is anticipated to be in place by the end of FY 2022. This includes ongoing oversight of data quality and development of integrated human resources (HR), organizational structure and financial policy and business rules. These workforce management processes will enable VA to define full staffing capacity requirements more accurately by establishing a baseline to better understand true vacant positions. As VA's workforce management capabilities continue to expand, staffing data will better position VA to identify and overcome staffing gaps with more fidelity.

Until such time that workforce management can fully define workload-based staffing requirements across VA, FTEs reflected in VA's budget are the most appropriate demand signal for staffing requirements. This interim approach is deemed appropriate due to the analytic rigor of VA's budget formulation process and the Department's ability to directly link funding to FTE vacancies. More importantly, a review of the onboard FTEs relative to the budgeted HR•Smart FTEs suggests that VA has historically managed onboard staffing levels in alignment with the requirements established in VA's annual budget submissions.

Time to Hire

VA tracks the time it takes to hire new employees and uses the resulting data to formulate strategies to improve hiring timeliness and minimize staffing gaps. Time to Hire (T2H) is generally measured from the "Hiring Need Validated Date" to "New Hire Actual Start Date," and the Office of Personnel Management (OPM) suggests a target of 80 calendar days for title 5 hires. For title 5 and hybrid title 38 positions, VA's goal is to have 58% of hires that are processed through USA Staffing to be onboard within 80

days. For Executives, VA's goal is to have 58% of executive hires that are processed through USA Staffing to be onboard within 80 days.

Due to the unique hiring processes associated with title 38 positions, VHA uses a 100-day T2H target for title 38 positions filled through a Job Opportunity Announcement posted to USA Jobs and for new hires onboarded via USA Staffing. The time to hire health care professionals includes the extra requirement of credentialing which lengthens the time to hire average for those occupations. In FY 2021, in terms of VHA's 100-day model for title 38 positions, 63% met the target, and 37% of those hiring actions exceeded the 100-day target. For VHA's hybrid title 38/title 5 combined model, 57% of the hiring actions met the model target, and 43% of the hiring actions exceeded the target.

Notably, VHA has been working to improve these hiring times over recent years. Through use of various temporary hiring authorities from OPM and a revision of internal processes, VHA was successful in expedited hiring in support of the COVID-19 hiring surge. Some of the actions included expedited credentialing, deferral of pre-employment requirements such as physicals and fingerprinting and expanded use of temporary appointments. Internal process improvements included permanent elimination of hybrid title 38 Professional Standards Boards (PSB) and temporary changes to nurse PSBs that allowed rapid pay setting.

VHA's T2H Implementation Guidebook provides proven best practices and shares important lessons learned to address facilities' immediate and long-term workforce needs to care for the Nation's Veterans through this time of crisis and beyond. As a result of all these efforts, T2H dropped from 93 days in FY 2019 to 85 days in FY 2020 and 85 days in FY 2021. Average T2H remained at 85 calendar days for FY 2021, even as the hiring volume in USA Staffing increased 14% over FY 2020, from 94,636 to 107,943. Note that while T2H is improving, in recent quarters, the tight labor supply has placed strain on hiring teams as lower application numbers and higher declinations increase workload in recruiting new health care talent.

VBA, the National Cemetery Administration (NCA) and OIT leadership continue to monitor their overall T2H. VBA and NCA have both exceeded the Department's T2H goal of 58%, averaging 82% and 89% respectively, as of March 2022. NCA leadership stresses the importance of completing actions within the established timeframes under the T2H model with both hiring officials and recruitment specialists. NCA has tied this metric to the performance standards of HR professionals who perform recruitment and placement activities or manage recruitment programs and included a performance standard for supervisors to meet established deadlines for completing their portion of the recruitment process. Over the last year, OIT developed a Talent Management HUB which was instrumental in an overall T2H drop from 93 days to 80 days across OIT. Furthermore, OIT's Director of Human Capital Operations instituted frequent and diverse communication platforms to advise hiring managers on occupation vacancies and hiring initiatives that result in improvements to T2H initiatives.

VA has worked closely with OPM to use direct hiring authorities (DHA) to increase the speed of the hiring process. Use of DHAs enabled VA to fill critical vacancies swiftly during the public health emergency, and VA has increased use of DHAs over recent years.

Staffing Strategies

VA continues to use a wide variety of tools to achieve full staffing capacity to ensure that VA's mission is being met to serve our two core requirements: timely access to world-class care and timely access to earned benefits. VA is committed to honoring the Nation's 19.2 million Veterans by investing in world-class health care, including mental health care, and enhancing Veterans' general well-being; benefits delivery, including disability claims processing; education; employment training; and insurance, burial and other benefits to enhance Veterans' prosperity.

Some of the staffing tools VA uses include the following: use of DHAs; recruitment and retention flexibilities and incentives; hiring initiatives; virtual trainee recruitment events for VA health professions trainees (including trainee matching and facility placement); focus on employee engagement; HR modernization of operations; workforce planning; targeted recruitment of Service members transitioning from the Department of Defense; national recruitment programs for hard-to-fill occupations and specialties; and mission-critical occupation initiatives and strategies for filling director positions, including medical center directors throughout the Department.

These tools and strategies ensure that VA meets its mission of serving all Veterans, including women Veterans, Veterans of color and LGBTQ+ Veterans, so they receive the care and benefits they have earned and deserve.

Investing in our Workforce

VA employees, many of them Veterans themselves, are committed to serving Veterans, their families, caregivers and survivors. Over the course of the COVID-19 pandemic, VA employees have ensured that VA did not weaken or slow down. VA got stronger and took care of Veterans when they needed it most. VA employees rose to the occasion repeatedly during this period of unprecedented demand for frontline workers and continued to serve Veterans. VA is doing more to invest in employees because they are the foundation that make all the services VA provides possible.

This year, VA announced 10 steps it is taking to invest in its incredible workforce. To that end, VA is:

1. Deeply appreciative of Congress's passage of the Reforming American Immigration for Strong Employment Act (or the RAISE Act), which will assist in recruiting and retaining Physician Assistants, Registered Nurses and Advanced Practice Registered Nurses. To attract and recruit qualified diverse talent VA continues to work with Congress and other stakeholders towards other

improvement opportunities so VA is positioned to compete more successfully with private industry.

2. Maximizing bonuses and retention incentives to reward employees for excellent work and to be more competitive with private sector hospitals that can offer bonuses and retention payments that VA is not able to match.

3. Increasing opportunities to advance at VA to help us grow future leaders. For example, NCA is leading the way on this by prioritizing the reclassification of the occupational series for cemetery representatives, which increases promotion opportunities and provides another path for future leaders.

4. Expediting the hiring process by simplifying the application requirements to recruit occupations like nurses, better leveraging Veteran hiring authorities and redesigning our national onboarding process. For example, VA is instituting a comprehensive framework to assist facilities with planning, recruiting, hiring and retaining nursing staff, as well as focusing on specific tactics to ensure a strong nursing workforce.

5. Asking managers to use all available authorities to establish a work environment that is flexible, where employees have opportunities to work outside their traditional workspace, whenever and wherever possible. VA employees have proven that they are able get the work done for Veterans wherever they are, and as we transition out of 2 years of maximum telework status during the pandemic for certain positions, we welcome employees into a flexible "Future of Work" environment.

6. Permanently raising the childcare subsidy cap to include families who make up to $149,000 per year, for qualifying employees.

7. Investing in employee well-being through programs such as the VHA Reduce Employee Burnout and Optimize Organizational Thriving (REBOOT) task force, a team of employees developing innovative recommendations for how to improve work conditions, promote work-life balance, increase scheduling flexibilities and reduce burnout.

8. Investing in scholarship programs to offer educational advancement opportunities to even more employees.

9. Embedding Inclusion, Diversity, Equity and Access (IDEA) into everything it does, including hiring a VA Chief Diversity Officer and integrating IDEA principles into hiring, position management and talent management.

10. Focusing on keeping employee and visitor safety at the forefront, as the Department navigates the evolving COVID-19 pandemic impacts.

In VHA, HR modernization efforts are underway with the goal of standardizing processes across this vast organization to increase efficiency in HR processing. While national policies have long existed for HR functions, variability in local processes has led to inefficiencies, as well as challenges in automating some of those processes with modern information technology systems. Presently, teams for each HR functional area are gathering existing HR process maps, policies and best practices from across VHA and integrating them into a newly-designed enterprise HR process. Consolidated HR shared services afforded VHA the ability to flex staff to support surge hiring during the pandemic, one of the great beneficial features of HR modernization.

Conclusion

VA remains committed to refining a requirements-based workforce management process to ensure it has the right levels of staffing and organizational structure to carry out its mission of providing timely access to world-class care and timely access to earned benefits. The resources provided by Congress in the FY 2022 Appropriations Act allows VA to continue to deliver on the Nation's promise to Veterans. Newly-passed legislation such as the RAISE Act will assist VA in attracting and retaining critical frontline employees and professional medical staff. VA will continue to work with Congress to design legislation that will support critical workforce staffing needs, particularly considering the tightening labor market trend, and will work to ensure that VA has the tools needed to best care for the Nation's Veterans.

Department of Veterans Affairs
June 2022