

**Remarks by Kathryn Parker, RN
To the Department for Professional Employees' Lunch and Learn Program
VA Health Care: It's the System!**

Thank you to the Department for Professional Employees for the opportunity to speak to you today and for holding this forum, which is a valuable chance to highlight some of the work nurses and other health care workers are doing in caring for our nation's veterans.

My name is Kathryn Parker. I have been a registered nurse since 1958. I currently work in the neurology unit of the VA Medical Center here in Washington, DC, where I see patients with spinal cord injuries, multiple sclerosis, recovering from strokes, Parkinsons disease and more. I'm also a member of the United American Nurses, the national union for registered nurses, and DCNA, the Washington, DC affiliate of UAN.

As nurses in the VA health system, we face some challenges that are unique to the federal sector:

- We experience the nursing shortage, which is at crisis levels across this country, as nurses choose other opportunities in less stressful and more financially rewarding situations than bedside care. Experts say that our country will be short more than a million nurses in about six years. The shortage is particularly severe in the VA, as new nurses come to our facilities for a few years and then take higher paying jobs with better benefits elsewhere.
- As federal employees, VA nurses are limited in what we can bargain over—meaning, bringing nurse compensation or benefits in line with the private or non-profit hospital across town during contract negotiations isn't an option.
- As in other hospitals, the patients we care for are generally sicker and have more complex cases than ever as our nation's population ages and medical advances help people live longer.

Even so, in talking to my fellow nurses at the VA, many of whom also work at other local hospitals, I consistently hear that VA health care has a number of innovative practices which are more advanced than facilities outside the federal sector—and nurses and our union have played a key role in developing these practices, both in each facility and across the VA system. I'd like to talk to you about a few of these advances today—some flashy, and some not-so-flashy—from a nurse's perspective.

One of my roles is to serve as the health and safety representative for our local union—not a glamorous job, but one that makes the hospital a place where patients can come to get well and nurses can safely do their jobs, both without risking their health. Our union contract states that *“a UAN representative will be given the opportunity to be present during the inspection...”* As the safety rep, I do rounds with the safety manager twice a week, and, as the contract mandates, might even go down to the boiler room or up to the roof—looking for how chemicals are stored, whether masks and gowns are being used properly, whether machinery has the proper safeguards, the expiration dates on medications and so forth.

We fought hard to get provisions for a union safety rep in the national master contract covering our 6,500 UAN VA nurses, and I believe it was worth it. It enables nurses to work with management to address occupational safety concerns before they become problems and provides a means of making sure existing problems are fixed. This is one more way we can make the VA a better care setting for our patients and a more attractive place for nurses to work.

A few of the innovative tools that VA nurses have had a hand in developing and administering have been the VA's medical record keeping system and the bar code medication system.

Let me give you a nurse's-eye and patient's-eye view of why these are so important. Like all hospitals, in the VA we face a critical challenge of guarding against sometimes fatal medical errors balanced against an overwhelming volume of patient paperwork. As nurses, we are on the front line of meeting both of those challenges—we're the face hospital patients see most often, we're frequently the ones assessing patients and even making recommendations to other members of the health care team, and it's crucial that we as nurses spend our time at the bedside with the patient and have ready access to complete patient information.

Take the example of completing a patient's chart. It used to be—and still is in most non-federal facilities—that charting is handwritten, time consuming, and you may not have the time you would like to review or record everything. Within the last decade, we tackled this problem in the VA by implementing a computerized medical records system that allows you to quickly and comprehensively chart all of a patient's body system functions and vital signs. A full-body assessment for each patient is conducted at the end of each shift by "filling in the blanks" on the computer and typing in your written assessment or any additional notes on the patient's condition.

The records are accessible across the VA system, so a veteran might have gone to a regional clinic for treatment months ago and I can pull up his chart from that treatment while I'm caring for him in the hospital and know exactly what happened. It has enabled us to address patient issues proactively, before they become problems—for example, I might flag a patient as at-risk for falls or becoming entrapped in the bed. At one time, I did not always read the charting notes left by other members of the health care team, but it's so easy now to learn how a patient is doing in all systems of his body through this new tool.

Similarly, nurses are using technology to cut down on errors in the VA through the bar code medication system. We know from the Institute of Medicine that there are about 98,000 medical errors resulting in injury or death each year, and many of these are preventable. Nurses in the VA are using a new medication administration system through which I scan both the patient's ID bracelet and the medication and the computer tells me if they don't match up. It's a simple and common-sense approach to a problem that's widespread throughout health care.

This is not to suggest that there aren't any glitches in these systems—for example, our union is working with the VA to find a solution to nurses having to transport from room to room the heavy computers we use to track medications. And we would like to have a no-lift policy, already in use in some facilities and in our nursing home facility in DC, as a standard across the VAHS. But we have the means to fix these problems through our union and come up with a solution that is good for nurses and patients.

As a VA nurse, my top concern is giving the best care I can to my patients. As a nurse and a union member, I want to urge management to find ways to address the nursing shortage so the VA will be a place new nurses will want to stay and work. I believe the tools we've discussed today are helping address these needs.

Thank you.