

## MEMORANDUM OF UNDERSTANDING

The following constitutes an agreement between the Department of Veterans Affairs and the American Federation of Government Employees (AFL-CIO) concerning Patient Centered Care/Relationship Based Care model within VISN 10.

1. The Patient-Centered Care models provide for a wide variety of possible changes in the healthcare setting throughout VHA that will involve new ways of interacting with patients and providing medical care. The purpose of these models is to enhance the Veteran's and his or her family's experience while continuing to focus on quality and safety. This will require the Department to develop models of patient care that will educate and empower patients, their families and employees to ensure a holistic, patient-centered healthcare system, and greatly improve access and coordination of care.
2. Patient-Centered Care will use different communication mechanisms and media for ongoing communication between staff and patients (including but not limited to Secured Messaging, patients' access to their own medical records, and Virtual Medicine) and will change the way of delivering care to focus on patient decisions versus practitioner/caregiver decisions.
3. VISN 10 has chosen to implement Relationship Based Care. Implementation will be consistent with all national objectives.
  - A. Honor veteran's expectation of safe, high quality and accessible care.
  - B. Enhance the quality of human interactions and therapeutic alliances.
  - C. Solicit and respect the veteran's values, preferences and needs.
  - D. Systematize the coordination, continuity and integration of care.
  - E. Empower veterans through information and education.
  - F. Incorporate the nutritional, cultural and nurturing aspects of food.
  - G. Provide for physical comfort and management of pain.
  - H. Ensure emotional and spiritual support.
  - I. Encourage involvement of family and friends.
  - J. Provide an architectural layout and design conducive to health and healing.
  - K. Introduce creative arts into the healing environment.
  - L. Support and sustain an engaged workforce as key to providing VCC.
4. The Union at the local level will be allowed pre-decisional involvement through participation in and selection of bargaining unit employees to serve on advisory boards, workgroups and task forces established to plan, review and modify existing practices as a result of Patient-Centered Care. Any current RBC councils that have been established prior to this MOU will be re-evaluated to meet the intent of this paragraph.

The following councils will be implemented at each facility:

## A. FACILITY RESULTS COUNCIL

A MULTI-DISCIPLINARY Results Council will be established at each facility and will be responsible for implementing RBC. The Results Council will organize the charge process, create a shared vision for change, understand and support RBC principles and establish desired outcomes, measurable goals and a timetable for accomplishing results.

Additional responsibilities of the Results Council include:

- **INTEGRATION** Integrating RBC with other Medical Center initiatives such as Customer Service and Joint Commission.
- **COMMUNICATION** Communicating the vision; influencing others to support it.
- **OPERATIONS** Integrating RBC principles into the Medical Center's strategic Vision and plans and into day-to-day operations.
- **MEASUREMENT** Defining process and outcome measures to monitor results.
- **EDUCATION** Providing educational support specific to RBC.
- **INTERNAL MARKETING** Securing the involvement and support of physicians and other members of the interdisciplinary care team.

## B. UNIT PRACTICE COUNCILS

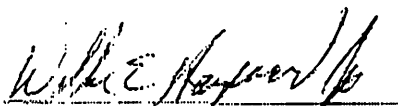
The Unit Practice Council will develop the appropriate structure and business practices to embed relationship based care principles into their organizational culture. Formal implementation of RBC plans created in the design phase will begin with two primary interventions: one designed for project and unit leaders; a second designed to inspire and educate staff regarding their role in successful RBC implementation.

Following establishing of a Medical Center Results Council, each facility will begin setting up Unit Practice Councils. Unit Practice Councils are responsible for developing unit specific plans to achieve the outcomes measures establish by the Results Council. The Unit Practice Council will also establish recommendations regarding the method and means to provide patient centered care within individual units and disciplines. By decentralizing operational decision making through Shared Governance at the Unit level, the RBC model encourages a high level of input and accountability of front line

of front line staff as they make decisions on how best to establish RBC principles on their units.

The Unit Practice Counsel will be staffed, by bargaining unit employees, thru the nomination process by employee vote. No manager's will be on this committee.

5. The VISN and local facilities agree not to implement recommendations from those above-mentioned work groups or task forces that affect working conditions of bargaining unit employees without meeting their bargaining obligation at levels below the national level.
6. VISN 10 agrees that bargaining unit employees and union representatives will receive training/retraining on Patient-Centered Care/Relationship Based Care models and cultural transformation.
7. VISN 10 agrees Local Presidents will be notified and participate in all facility leadership PCC/RBC training..
8. Any and all RBC/ PCC standing committees already established at any facility within VISN 10 prior to completion of VISN 10 negotiations. Management will supply copies of the minutes, reports, focus groups results, names and titles of all committee members to include bargaining unit employees in writing to the Local President. The Local President will have full authority to remove or reassign a bargaining unit employee appointed to these committees.
9. All RBC/PCC committees will consist of equal numbers management /bargaining unit employees. All decisions prior to implementation within the RBC/PCC will be by **Consensus**.
10. The President will appoint a representative to be the Co-chair on all established RBC/PCC committees and future committees and subcommittee or they will be the co-chair.



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