



**AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES  
NATIONAL VETERANS AFFAIRS COUNCIL #53  
Affiliated with the AFL - CIO  
Mid-Term Bargaining Committee**

<b>Oscar L. Williams Jr., Chair</b> 2 <sup>nd</sup> Exec. V-President 29 Lake Street Danville, IL 61832-6101	<b>Bill Wetmore, Member</b> 3 <sup>rd</sup> Exec. V-President 2319 Alava Court Waldorf, MD 20603	<b>Willie Haywood, Member</b> 6 <sup>th</sup> Dist. Rep., NVAC 17705 Garden Blvd. Cleveland, OH 44128	<b>Jeff Sladek, Member</b> 13 <sup>th</sup> Dist. Rep., NVAC VAMC 3601 S. 6 <sup>th</sup> Ave. Tucson, AZ 85723	<b>Stephanie Starks, Member</b> National Rep., NVAC VAMC Philadelphia Philadelphia, PA 19104
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March 27, 2014

Kimberley D. Moseley, Deputy Assistant Secretary  
Office of Labor Management Relations (LMR)  
Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

Subject: VHA Tele-ICU Expansion

Dear Ms. Moseley:

In accordance with Article 47, Section 1 C., of the Master Agreement the National VA Council #53 is formally demand to bargain on VHA Tele-ICU expansion cited above within the Department. Please provide the NVAC's Title 38 Mid-Term Bargaining Committee with all information and/or data related to this subject. The negotiations of this matter should normally begin no later than twenty (20) workdays after the Management Chief Negotiator in this matter receives our demand to bargain.

Please cease and desist any implementation until the bargaining obligation has been met. The Mid-Term Bargaining Committee may request a briefing over the cited subject above, before sending any proposals. If you have any questions please call me at (217) 554-4866.

Sincerely,

Oscar L. Williams, Jr.  
Chairperson, Mid-Term Bargaining Committee  
2<sup>nd</sup> Executive Vice President  
National VA Council #53

cc: Alma L. Lee, President National VA Council #53  
NVAC Executive Committee  
NVAC Title 38 Mid-Term Bargaining Committee

**AFGE: Good Government We Are Ready**

## Williams, Oscar L Jr.

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**From:** Jones, Anitra  
**Sent:** Thursday, March 27, 2014 2:28 PM  
**To:** Williams, Oscar L Jr.  
**Cc:** Peters, John (Telehealth VHACO); Watkins, Richard Lee  
**Subject:** Tele-ICU Expansion in the VA

**Importance:** High

This email is to provide notice of Tele-ICU expansion in the VA.

Tele-ICU uses information and telecommunication technologies to provide remote consultation for ICU patients. It supports clinical care in hospitals that have temporary or longer term challenges in delivering critical care services, due to difficulty recruiting Tele-ICU staff and availability of staff after hours.

Tele-ICU is commonly used outside the VA. In 2012, VISNs 10 and VISN 23 implemented separate Tele-ICU services in their respective VISN's with oversight and approval of local union representatives. Local evaluations of these Tele-ICU services have shown they improve the quality of care by supplementing specialist intensive care physician (intensivist) advice, and nursing review of critical care data. The VA plans to expand Tele-ICU to other VISN's so they too may realize the benefits of enhanced quality of care at remote patient sites; and help determining the safety and appropriateness of transferring critical care patients to other health care facilities.

Tele-ICU is an additional layer of support to the bedside personnel. Nursing or physician staffing patterns in the ICU do not change based on the presence of the Tele-ICU service. Surgical complexity at the facility and acuity of the patients cared for in the ICU does not change based on the presence of the Tele-ICU service. Bedside nurses and physicians are not asked to do any charting for the Tele-ICU support center. Support center personnel will be documenting any interventions or advice given for patient care into the patient site CPRS medical record from the support center.

Biomedical Engineering and Information Technology (IT) at each patient site facility will be maintaining the system in partnership with the biomedical and IT staff at the support center provider site. The Continuity of Operations Plan for Tele-ICU includes workaround solutions for technical disruptions of the inter-facility connection during off-hours. IT and Biomedical Engineering are available on a voluntary call-back basis as with other telemedicine programs and patient care equipment. Workaround solutions rely on using telephone for communication and consulting with necessary bedside staff to continue to manage patients without Tele-ICU's input as part of the continuity of operations plan.

If you wish to bargain or schedule a briefing on this matter, please contact Richard Watkins no later than **April 24, 2014**. He can be reached at (513) 214-9806 or [richard.watkins@va.gov](mailto:richard.watkins@va.gov). If you have program related questions, please contact John Peters at [john.peters@va.gov](mailto:john.peters@va.gov) or 202-461-6946.

Anitra Jones  
Staff Assistant  
Department of Veterans Affairs

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MAR 27 2014  
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