



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

Oscar L. Williams Jr., Chairperson 2 nd Exec. V-President 29 S. Lake Street Danville, IL 61832-6101	Bill Wetmore, Member 3 rd Exec. V-President 2319 Alava Court Waldorf, MD 20603	Patrick Russell, Member 8 th Dist. Rep., NVAC VA Blacks Hills, HCS Hot Springs, SD 57747	Sandra Eggleston, Member 13 th Dist. Rep., NVAC YAMC Tucson Tucson, AZ 85723
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September 29, 2008

Meghan Flanz, Deputy Assistant Secretary
for Labor Management Relations (LMR)
Department of Veterans Affairs, Suite 250
1575 I Street, NW
Washington, DC 20420

Subject: VHA National Safe Patient Handling

Dear Ms. Flanz:

The National VA Council #53 is formally demanding to bargain over the VHA rollout of National Safe Patient Handling within the Department. Please provide the above named bargaining committee with the information and/or data related to the above subject. The negotiations in this matter should normally begin within ten (10) workdays after the management chief negotiator in this matter receives our demand to bargain.

Please cease and desist any implementation of bargaining unit until after the bargaining obligation has been met. The named 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
2nd Executive Vice President
National VA Council #53

cc: Alma L. Lee, President National VA Council #53
Executive Committee, NVAC

**AFGE: The Future Is Ours
Creating A Shared Vision For The 21st Century**

National Safe Patient Handling

Intent:

- Each individual facility should have the most state of the art and sufficient patient movement equipment needed as determined by local facility staff, patient and infrastructure assessments.
- Roll up reports of rate of staff injury (defined at various levels) related to movement of patients in any and all settings.
- Reduce the rate of injury identified above – use VA national comparison provided at 2008 SH conference.
- Establish and improve staff satisfaction related to movement of patients in all settings.

Requirements:

- Assigned .5 facility champion
- Identify and assign unit peer leaders
- Develop VISN level share point – load concept and intent documents and reporting timelines / documents
- Establish facility level multidisciplinary team
- Provide training for both facility champion and peer leaders
- Identify incentives at facility and VISN level
- Report on current situation and certify use of national / VISN / local money spent on SH Initiative – due October 15, 2008 (VISN) – reporting template document provided by national
- Conduct and report current inventory – **due October 15, 2008** (Facility) – reporting template document provided by national
- Conduct VISN-wide vendor fair (Facility or VISN) (**NH November 17**)
- Conduct post vendor fair needs list – standardize **ONLY** if very obvious that user consensus has been reached
- SPEND FY08 allocated money – 2.4M – **no later than December 15, 2008** (VISN) (Need to decide distribution / allocation)
- Conduct infrastructure needs assessment / NRM money needed specifically for this initiative (Facility / VISN) - ? **due December 15, 2008**
- VISN level marketing report - CLC
- Conduct roll out needs for FY09 – opt, specialty and acute, remainder of inpt, etc.

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SEP 29 2008

Nat'l VA Council
Mid-Term Bargaining Committee