

**Memorandum of Understanding (MOU) for the
VA Portland Health Care System between
Department of Veterans Affairs, Portland Healthcare System (VAPORHCS) and
American Federation of Government Employees (AFGE), AFL-CIO
National VA Council 53, AFGE Locals 2157 and 2583**

The following constitutes an agreement between the [parties] of the VA Portland Health Care System (VAPORHCS) [Portland/Vancouver Divisions] within VISN 20, and the American Federation of Government Employees (AFGE), AFL-CIO, National VA Council #53 (NVAC), AFGE Local 2157 & AFGE Local 2583, the parties have reviewed and agreed upon the appropriate arrangements and procedures regarding the VA Portland, HCS, Pharmacy PACT Performance Standards for Clinical Pharmacy Specialist, GS-13.

Both Management and the Union reserve the right to re-open bargaining in this MOU by providing a minimum of 30 days advance written notice requesting negotiation. The terms of this MOU will remain in place until any new updates are agreed upon.

Donald Fowler
NVAC 11th District Representative
Chief Negotiator, Labor

Donald L Fowler

Date: 11/20/19

Jeegisha Patel
Pharmacy Service
Chief Negotiator, Management

Jeegisha Patel

Date: 11/20/19

Denise L. Lieb
President AFGE Local 2583

Denise L Lieb

Date: 11/20/19

Marcia Blaine
President AFGE Local 2157

Marcia Blaine

Date: 11-20-19

ELEMENT: Clinical Services & Patient Care (Critical)


Fully Successful: 5 out of 5 standards must be met at a Fully Successful level

Exceptional: 5 out of 5 standards must be met at Above Fully Successful level

Performance Standard	Measurement indicator	Above Fully Successful Rating Guideline	Fully Successful Rating Guideline
Available to PACT staff for warm handoffs and clinical consultations.	Per employee self-report and feedback from PACT teammates.	No more than 12 instances per year of not responding to non-visit questions within 72 hours	No more than 12 instances per year of not responding to non-visit questions within 7 calendar days
Provides accurate medication counseling accordingly to current clinical practice and documents patient education using the electronic medical record within 72 hours, when a medical decision is made.	Unsigned note report	No more than 12 instance per year of identified unsigned notes greater than 72 hours from patient encounter	No more than 48 instances per year of identified unsigned notes greater than 72 hours from patient encounter
Documents clinical interventions in patient record and/or other data collection tools to help identify areas for process improvements that can lead to increased patient safety.	PharmD tool interventions	Greater than 95% of all encounters include the PHarmD Tool intervention	85-95% of all encounters include the PHarmD Tool intervention
Prescribes medications under current scope of practice.	OPPE Report	>90% rating for the following OPPE indicator: Treatment- Treatment plan (prescribing, monitoring, follow-up) within scope of practice	>80% rating for the following OPPE indicator: Treatment- Treatment plan (prescribing, monitoring, follow-up) within scope of practice
Clinical decision making is documented in CPRS for patients managed by the CPS pharmacist including but not limited to therapeutic rationale (according to current clinical guidelines) and follow up.	OPPE Report	>90% rating for the following OPPE indicators: Treatment- Appropriate therapeutic plan developed according to Evidence Based Guidelines and patient specific factors and Documentation- Follow-up plan clearly documented and appropriate	>80% rating for the following OPPE indicators: Treatment- Appropriate therapeutic plan developed according to Evidence Based Guidelines and patient specific factors and Documentation- Follow-up plan clearly documented and appropriate
Achieves benchmarks for clinic productivity per encounter/note report, employee self-report, and supervisor observations.	CPPO encounter report including primary and secondary position, e-consults, and chart consults	Greater than 120 encounters per month averaged over the fiscal year	At least 90-120 encounters per month averaged over the fiscal year

RATING: Fully Successful: 5 out of 5 standards met at a Fully Successful level

RATING: Exceptional: 5 out of 5 standards met at Above Fully Successful level

DLF 4/20/19


ELEMENT: Accountability (Critical)

Fully Successful: 4 out of 4 standards must be met at a Fully Successful level

Exceptional: 4 out of 4 standards must be met at Above Fully Successful level

Performance Standard	Measurement indicator	Above Fully Successful Rating Guideline	Fully Successful Rating Guideline
Completes clinical pharmacy consults (excluding PADR consults) as according to VHA or VAPORHCS consult business rules and timelines.	Overdue consult report	≥90% of pharmacist run clinic consults are adjudicated as per facility guidelines	90% of pharmacist run clinic consults are adjudicated as per facility guidelines
Completes encounters accurately according to VHA or VAPORHCS encounter business rules and timelines.	Overdue encounter report. Encounters not closed per facility guidelines due to validated and documented technical causes are excluded	≥98% of encounter completed within 7 days per facility guidelines.	95-97% of encounter completed within 7 days per facility guidelines.
Determines objectives, sets priorities, accepts responsibility for mistakes and complies with established DEA, Code of Federal Regulations and VA policies pertaining to pharmacy services.	Documentation of non-compliance	Notifies supervisor within one (1) business day of significant clinical or operational systems failures or dissatisfied customer needs. Meets mandatory employee obligations such as required training by due dates; care and protection of government issued equipment, proper handling and protection of government issued equipment, proper handling and protection of confidential, sensitive and personally identifiable information with no more than one (1) incident annually.	Notifies supervisor within one (1) business day of significant clinical or operational systems failures or dissatisfied customer needs. Meets mandatory employee obligations such as required training by due dates; care and protection of government issued equipment, proper handling and protection of government issued equipment, proper handling and protection of confidential, sensitive and personally identifiable information with no more than three (3) incidents annually.
Conducts business professionally by exhibiting VA's core values of Integrity, Commitment, Advocacy, Respect, and Excellence (ICARE).	Documentation of customer complaints	Communicates positive and unified messages to internal and external stakeholders and customers. Receives no more than one validated (1) customer complaints annually.	Communicates positive and unified messages to internal and external stakeholders and customers. Receives no more than three (3) validated customer complaints annually.

RATING: Fully Successful: 4 out of 4 standards met at a Fully Successful level**RATING: Exceptional: 4 out of 4 standards met at Above Fully Successful level**DLF 4/20/19
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ELEMENT: Clinical Administrative (non-Critical)

Fully Successful: 3 out of 3 standards must be met at a Fully Successful level

Exceptional: 3 out of 3 standards must be met at Above Fully Successful level

Performance Standard	Measurement indicator	Above Fully Successful Rating Guideline	Fully Successful Rating Guideline
<p>Provides clinical training and serves as preceptor for pharmacy residents, VALOR interns or Doctor of Pharmacy candidates from the VA Portland affiliations. Precepting opportunities include:</p> <ol style="list-style-type: none"> 1. ≥ 4 weeks PGY1 Resident 2. ≥ 4 weeks PGY2 Resident 3. ≥ 4 weeks Student 4. Preceptor for 1 longitudinal PGY2 Resident rotation 5. Co-preceptor for resident major project 6. Primary preceptor for 2 minor resident projects (i.e. MUE, CFU, Order Menu changes, Clinical Conversion) 	<p>Self-Identified as preceptor of learning experience as identified above with notification of any overdue training evaluations from electronic evaluation forms for residents or students</p>	<p>Being a preceptor for at least two (2) trainee learning experience as described above with no more than 1 trainee evaluations validated as late.</p>	<p>Being a preceptor in at least one (1) trainee learning experience as described above with no more than 2 trainee evaluations validated as late.</p>
<p>Provides in-service presentations to the pharmacy staff and/or other healthcare services to improve patient care, inter-pharmacy relations and intra-pharmacy relations and build multidisciplinary partnerships.</p>	<p>Self-Identified</p>	<p>Presentation of minimum two formal in-services per year</p>	<p>Presentation of one formal in-service per year</p>
<p>Completes routine and assigned tasks (including but not limited to: medication use evaluations, chart reviews, or other projects as assigned) by supervisory assigned due dates</p>	<p>Self or Supervisor Identified</p>	<p>No more than 2 instances per year in which the employee failed to complete assignments in the allotted time period or validly failed to accept routine tasks</p>	<p>No more than 4 instances per year in which the employee failed to complete assignments in the allotted time period or validly failed to accept routine tasks</p>

RATING: Fully Successful: 3 out of 3 standards met at a Fully Successful level


RATING: Exceptional: 3 out of 3 standards met at Above Fully Successful level

DLZ 4/20/19

ELEMENT: Technical Training (non-Critical)

Fully Successful: 4 out of 4 standards met at a Fully Successful level
 Exceptional: 4 out of 4 standards met at Above Fully Successful level

Performance Standard	Measurement indicator	Above Fully Successful Rating Guideline	Fully Successful Rating Guideline
In consultation with supervisor, selects and attends technical training either through instructor-led and/or e-training modality.	Documentation of missed/delayed agreed upon trainings identified by TMS	Successfully completes and records in TMS the agreed upon training. No more than two (2) instances of missed/delayed trainings.	Successfully completes and records in TMS the agreed upon training. No more than three (3) instances of missed/delayed trainings.
Completes VA/VAPORHCS directed recurring annual training through instructor-led and/or e-training modality.	Documentation of missed/delayed agreed upon trainings	Successfully complete and record in TMS the mandated training. No more than two (2) instances of lapsed/delayed trainings annually.	Successfully complete and record in TMS the mandated training. No more than three (3) instances of lapsed/delayed trainings annually.
Attends and/or participates in Pharmacy Service meetings and/or trainings.	Self or Supervisor Identified	Successfully attends and/or participates in trainings. No more than two (2) unexcused instances of missed training/meetings annually.	Successfully attends and/or participates in trainings. No more than three (3) unexcused instances of missed training/meetings annually.
Attends resident or student presentations and completes evaluation	As identified through evaluation submission	Minimum of 20 resident or student presentations attended with submission of evaluation form	Minimum of 15 resident or student presentations attended with submission of evaluation form

DLZ 11/20/19


RATING: Fully Successful: 4 out of 4 standards met at a Fully Successful level

RATING: Exceptional: 4 out of 4 standards met at Above Fully Successful level

ELEMENT: Customer Service (Non-Critical)

Fully Successful: 3 out of 3 standards met at a Fully Successful level

Exceptional: 3 out of 3 standards met at Above Fully Successful level

Performance Standard	Measurement indicator	Above Fully Successful Rating Guideline	Fully Successful Rating Guideline
Anticipates and meets the needs of both internal and external customers and Veterans.	Documentation of non-compliance	Adjusts workload priorities, while maintaining compliance with applicable, Medical Center Memorandums (MCM), VA policy and federal law, to keep pace with the evolving needs of both internal and external customers. No more than one (1) failures to comply with policy and/or meet established suspense.	Adjusts workload priorities, while maintaining compliance with applicable, Medical Center Memorandums (MCM), VA policy and federal law, to keep pace with the evolving needs of both internal and external customers. No more than four (4) failures to comply with policy and/or meet established suspense.
Delivers high-quality products and services.	Documentation of non-compliance	Provides products and services that best meet customer needs, within applicable guidelines and policy. Customer inquiries and complaints about pharmacy services are addressed and resolved. All matters will be resolved or responded to (with plan of action and expected completion dates) within 5 working days. No more than one (1) failures in delivering high-quality products and services annually.	Provides products and services that best meet customer needs, within applicable guidelines and policy. Customer inquiries and complaints about pharmacy services are addressed and resolved. All matters will be resolved or responded to (with plan of action and expected completion dates) within 5 working days. No more than three (3) failures in delivering high-quality products and services annually.
Committed to continuous improvement: 1. Completion of a performance-improvement project (i.e. RPIE, Pilot project of new service, leading formulary conversion, order menu revision) 2. Active member of workgroup or committee	Self-identified	Meets minimum of two (2) of the identified performance Standards	Meets one (1) of the identified performance standards

RATING: Fully Successful: 3 out of 3 standards met at a Fully Successful level

AD 12-11/20/19
[Signature]

RATING: Exceptional: 3 out of 3 standards met at Above Fully Successful level

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