



## House Hearing Focuses on VA Recruitment and Retention

How can the VA update its recruitment and retention techniques to better meet the health care needs of an expanding veteran population? That was the question addressed by various VA leaders and representatives of health care organizations at an October 18 hearing held by the House VA Subcommittee on Health.

Michael H. Michaud (D-ME), chair of the subcommittee, and Kristi McCaskill, MEd, NCC, NCSC, a counseling advocacy coordinator for the National Board for Certified Counselors, Inc., both urged the VA to hire licensed professional counselors as mental health providers. According to Michaud, this move is particularly necessary in light of the mental health issues faced by myriad returning Operation Enduring Freedom and Operation Iraqi Freedom veterans. McCaskill commented that “little has been accomplished” to fully utilize licensed counselors in the VA since Congress passed the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109-461) last December. That law recognized licensed professional counselors as health care providers within the VHA.

Jeffrey L. Newman, PT, chief of the physical therapy department at the Minneapolis VA Medical Center, Minneapolis, MN, testified on behalf of the American Physical Therapy Association (APTA). He told the subcommittee that the VA needs to increase the number of physical therapists (PTs) beyond the 1,000 it currently employs. While the national

minimum requirement to become a PT is to graduate with a master's degree, Newman noted, the VA only requires that PTs obtain a bachelor's degree and does not recognize the doctorate of physical therapy degree. Newman urged the VA to expedite the implementation of several guidelines created by the APTA and the VA to expand career advancement opportunities for PTs within the VA.

Richard D. Krugman, MD, chair of the American Association of Medical Colleges' (AAMC) executive council and dean and vice chancellor for health affairs at the University of Colorado School of Medicine in Denver, recounted the VA's efforts to head off the pending nationwide shortage of physicians by increasing its support of graduate medical education. This effort includes a goal of creating 2,000 additional residency training positions over five years. (The VA added 342 new resident positions in July.) Krugman also testified about several initiatives being led by the VA-AAMC Deans Liaison Committee to survey and improve various factors involved in the relationship between VA health care facilities and their academic affiliates. In addition, Krugman reported the AAMC's recommendation that, in order to “recruit and retain the best and brightest clinician scientists,” the VA appropriate \$45 million annually to renovate research facilities and secure additional funding to replace at least one obsolete research facility per year.

VA representatives highlighted the department's recent improvements in recruitment and retention—such as this year's establishment of a VA nursing academy—but also discussed new programs aimed at tackling the challenges it faces. Deputy Under Secretary of Health for Operations and Management William J. Feeley, MSW,

FACHE testified about various student programs that provide training and internship opportunities designed to lead to subsequent employment with the VA. He described the VA's nursing and pharmacy recruitment plans, and he discussed ways in which its current hiring process is being streamlined—including the identification of unduly cumbersome steps. Feeley also said that the VA is using several recruitment and media marketing strategies, such as the “Best Care, Best Career” online and print advertisement campaigns, to “promote national employment branding with VHA as the health care employer of choice.”

## VA Takes Aim at MRSA

On October 18, the VA announced a new initiative that will place stringent screening and preventive measures for methicillin-resistant *Staphylococcus aureus* (MRSA) in all VA hospitals. This announcement follows on the heels of positive results reported from a pilot program conducted at the VA Pittsburgh Healthcare System, Pittsburgh, PA—in which anti-MRSA efforts cut the incidence of infection by half—and the start of department-wide screening of incoming intensive care unit patients in March 2007.

In addition to hygienic precautions (such as hand washing, fluid-resistant gowns, and isolation of infected patients), the new initiative will include the use of nasal swabs and cultures to monitor all incoming patients admitted to high risk units. A key component of the initiative is its focus on training health care workers on the spread and prevention of MRSA and making MRSA infection prevention a routine component of daily patient care. ●