

**The NATIONAL VA COUNCIL #53  
Proposals on  
Bar Code Medication Administration**

The following constitutes an agreement between the Department of Veterans Affairs, Veterans Health Administration and the American Federation of Government Employees, AFL-CIO, National VA Council #53 (NVAC) concerning the National Level implementation of Bar Code Medication Administration (BCMA).

1. Any disputes of matters not resolved through negotiations will be referred to the appropriate third party for resolution prior to any National implementation of BCMA.
2. The National implementation of BCMA at AFGE bargaining unit facilities will not begin prior to October 1, 1999. After October 1, 1999 the Phase I sites may begin implementation. Phase II sites will implement 30 days after Phase I. Phase III sites will implement 30 days after Phase II. Phase IV sites will implement 30 days after Phase III. All implementation will be completed by April 30, 2000. All local negotiations should be completed prior to implementation.
3. The Department is responsible for ensuring that all employees in work related positions to BCMA, will receive the training necessary to enable them to perform all required duties related to this project. Training will be adjusted to meet the needs of the individual employee.
4. No bargaining unit employee in work related positions, will be adversely affected by the implementation of BCMA. Staffing will be adjusted to accommodate workload requirements. The NVAC will receive written notification and be given the opportunity to bargain as requested.
5. Local union representatives will receive the same training provided to the train-the-trainers, prior to any discussion with bargaining unit employees. Selection of employees for train the trainer sessions will be with input from the union. This training may occur at any Phase site training or locally, depending upon the Union's request. The Department VHA facilities will make every effort to accommodate these requests. The expense shall be borne by the Department.
6. The parties agree to evaluate the BCMA after one year of the final site implementation. The union will participate in ongoing enhancement requests and development of specifications for future changes of BCMA. The NVAC will receive written notification of changes in BCMA.
7. The Department agrees that union representatives will participate on all BCMA groups at the VISN and/or local level. The Department will inform the NVAC of the level of involvement of these workgroups. The NVAC President shall name representatives at the VISN level and Local Presidents shall name their local representatives.

8. The Department will ensure that support assistance for BCMA is available on all shifts so that this initiative will not negatively impact patient care.
9. Nursing practices at the local level will not be altered to accommodate the BCMA initiative. Wireless laptop/palmtop systems will be utilized in work areas that involve the staff moving about to deliver medications. In these work areas a minimum of one laptop/palmtop unit will be provided for every 10 patients per ward/unit, but not less than 2 laptops/palmtops per ward.
10. Changes to Pharmacy employee positions will be incorporated in the position descriptions to ensure that the positions are correctly classified/graded to the proper title, series, and grade.
11. The NVAC and Chairperson, Mid-Term Bargaining Committee will be provided a copy of the VHA Directive and VHA Handbook on BCMA and given the opportunity to bargain as requested prior to any implementation of such Directive and Handbook to the field facilities.
12. Local unions may negotiate further on BCMA, so long as they do not conflict with the Master Agreement and this MOU. Local management officials will meet their labor/management obligations prior to the implementation of BCMA locally at AFGE facilities.
13. A copy of this MOU will be provided to all local union presidents, within thirty (30) days after the signing of this MOU.

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