

VA Operational Accountability and Frontline Support Act of 2025

To establish standardized performance management and leadership accountability practices within the Department of Veterans Affairs, to ensure employee support, operational transparency, and improved service to veterans.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “**VA Operational Accountability and Frontline Support Act.**”

SECTION 2. FINDINGS.

Congress finds the following:

1. Performance management within the Department of Veterans Affairs (VA) lacks consistency and accountability.
2. Employees are frequently subject to disciplinary actions without documented feedback, clear expectations, or structured coaching.
3. Supervisors and managers are rarely held accountable for failure to communicate expectations, provide feedback, or support employee development.

4. Inconsistent supervisory engagement contributes to staff burnout, turnover, and operational inefficiency.
 5. The absence of standardized performance documentation undermines transparency, data integrity, and leadership accountability.
 6. Effective performance management must be a two-way process that empowers both staff and supervisors to identify problems, clarify goals, and promote continuous improvement.
-

SECTION 3. DEFINITIONS.

For purposes of this Act:

1. **“Department”** means the Department of Veterans Affairs.
 2. **“Employee”** means any individual employed by the Department, including full-time, part-time, and term employees.
 3. **“Supervisor”** means any individual with direct supervisory responsibility over one or more Department employees.
 4. **“Performance check-in”** means a structured, documented discussion between an employee and their supervisor covering performance expectations, barriers, and support needs.
 5. **“Centralized performance management system”** means a Department-approved electronic system for documenting employee performance discussions and compliance reporting.
-

SECTION 4. ESTABLISHMENT OF PERFORMANCE CHECK-IN PROGRAM.

(a) **Monthly One-on-One Meetings.—**

- (1) Each supervisor shall conduct at least one monthly performance check-in with each direct report.
- (2) The check-in shall include:

- A review of current performance goals.
- Identification of barriers or resource gaps.
- Feedback from both supervisor and employee.
- Documentation of agreed-upon actions or next steps.

(b) Onboarding Check-Ins.—

(1) For all new employees, supervisors shall conduct performance check-ins at 30, 60, and 90 days after the employee's start date.

(2) These check-ins shall address role clarity, workload, and training adequacy.

(c) Documentation.—

All performance check-ins shall be recorded in the Department's centralized performance management system, which shall generate compliance reports monthly.

SEC. 5. COMPETENCY VALIDATION AND STANDARDIZED READINESS ASSESSMENTS.

(a) Scheduler Competency Framework.—

Within 180 days of enactment, the Secretary shall establish a validated competency framework for all scheduling personnel, consistent with existing **VHA Scheduling Directives** and related national policy.

This framework shall define the minimum technical and procedural competencies required for scheduling staff to perform their duties safely, accurately, and in compliance with Department standards.

(b) Competency Verification.—

(1) Supervisors shall directly verify, through observation or demonstration, that each scheduler—

- (A) Understands and accurately applies required scheduling protocols and business rules as defined in the current VA Scheduling Directive;

- (B) Uses approved electronic systems, appointment types, and stop codes in accordance with policy; and
- (C) Correctly categorizes appointment requests, actions, and metrics that contribute to patient access reporting.

(2) Verification may include practical assessments, case scenario reviews, or live demonstrations conducted in coordination with the facility's Scheduling or Training Lead.

(c) Remediation and Re-Training Plans.—

- (1) Employees who do not meet required competencies shall receive a structured remediation plan within 30 days of assessment, identifying specific skill gaps and required actions.
- (2) Supervisors shall document follow-up verification upon completion of remediation training.
- (3) Failure to demonstrate required competencies after two remediation cycles shall trigger a management review to determine reassignment or additional intervention.

SEC. 6. NATIONAL PERFORMANCE METRICS AND PRODUCTIVITY VALIDATION.

(a) Establishment of Metrics.—

Within 270 days of enactment, the Secretary shall create standardized national productivity and quality metrics for schedulers and administrative personnel. Such metrics shall measure the accuracy, efficiency, and impact of scheduling operations on veteran access to care and overall clinical workflow.

(b) Core Performance Indicators.—

The metrics established under subsection (a) shall include, at a minimum—

1. **Appointments Scheduled per Day.** Average number of completed appointments scheduled per scheduler, adjusted for clinic complexity and patient demand;
2. **Scheduler Audit Error Rate.** Percentage of scheduling actions found to be inaccurate or non-compliant during routine audits;
3. **Pending Appointment Resolution Time.** Average elapsed time between receipt of appointment request and final scheduling completion;

4. **Consult Closure Accuracy.** Percentage of consults closed with correct status, documentation, and follow-up actions; and
5. **Veteran Access Impact Score.** Composite indicator reflecting how scheduling performance affects timeliness of care delivery and patient satisfaction.

The Secretary may establish additional indicators as necessary to support continuous improvement of scheduling operations.

(c) Validation of Data Accuracy.—

1. All metrics developed under this section shall be derived from validated data sources that have undergone accuracy and reproducibility review by the Office of Enterprise Data and Analytics (OEDA).
 2. Reports or dashboards that have not completed such validation may not be used for performance evaluation, disciplinary action, or resource allocation decisions.
-

(d) Equitable Measurement.—

Performance metrics shall be risk-adjusted to account for variations in clinic complexity, patient case mix, workload distribution, and staffing levels to ensure fair and comparable measurement across facilities.

(e) Feedback and Improvement Use.—

Performance metrics shall be used to identify training, resource, and competency gaps for targeted remediation under Section 5(c), and shall not be used as the sole basis for disciplinary action against individual employees.

(f) Transparency and Reporting.—

Aggregate performance trends and data-validation results shall be included in annual reports to Congress and made publicly available on the Department's website, excluding personally identifiable information.

