



DEPARTMENT OF VETERANS AFFAIRS OFFICE OF INSPECTOR GENERAL

OIG DETERMINATION OF VETERANS HEALTH ADMINISTRATION'S OCCUPATIONAL STAFFING SHORTAGES FY 2020 October 8, 2020

David Vibe:

I'm David Vibe, team lead in the Office of Healthcare Inspections, National Reviews group, for the review related to the recently published report, *OIG Determination of Veterans Health Administration's Occupational Staffing Shortages* [for] *Fiscal Year 2020*. Today, I am speaking with my colleagues, Ms. Misty Mercer, health systems specialist, and Ms. Aja Parchman, nurse consultant, regarding this report. This report focuses on severe occupational staffing shortages at the facility level and compares the number of severe occupational staffing shortages against fiscal years 2018 and 2019 reports to assess changes.

Ms. Mercer, why did the OIG conduct this review of the Veterans Health Administration's (or VHA's) occupational staffing shortages?

Misty Mercer:

This is the seventh OIG report on occupational staffing shortages and the third to determine severe occupational staffing shortages at the facility level. It is a continuation of OIG's requirement to report severe occupational staffing shortages as required by the Veterans Access, Choice, and Accountability Act of 2014 and the VA Choice and Quality Employment Act of 2017. The latter Act expanded on the OIG's reporting requirement to include a minimum of five clinical and five nonclinical VA occupations that reflect the largest staffing shortages at each medical facility. As with previously published OIG reports, this year's report maintains that staffing shortages affect access to care and patient care delivery.

David Vibe:

You mentioned the VA Choice and Quality Employment Act expanded the requirement to include nonclinical occupations. Ms. Mercer, what are nonclinical occupations and why were they added?

Misty Mercer:

Nonclinical occupations are personnel who do not provide direct patient care or services. However, nonclinical occupations can impact patient care indirectly. For example, in the March 2018 report, *Critical Deficiencies at the Washington DC VA Medical Center*, the OIG found inadequate human resources staffing contributed to vacancies in key occupations, including clinical occupations, throughout the facility.

David Vibe:

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Thank you for that. Ms. Mercer, can you explain what a “severe occupational staffing shortage” is and how it is different from a vacancy?

Misty Mercer:

Sure. A “severe occupational staffing shortage” occurs when an occupation is difficult to fill for a number of factors, such as the availability and quality of candidates, location of the positions, and geographic skills shortages, as defined by the Code of Federal Regulations, Title 5, in the section “Severe shortage of candidates.” [5 CFR § 337.204]. A “vacancy,” however, refers to a specific unoccupied position and is distinct from the designation of a severe occupational staffing shortage. For example, a facility could identify an occupation as a severe occupational staffing shortage regardless of whether it has one vacant position or 100 vacant positions.

David Vibe:

Does the OIG have any indication as to why severe occupational staffing shortages occur?

Misty Mercer:

The past two years have found the while reasons for severe occupational staffing shortages varied among occupations and facilities, the lack of qualified applicants and noncompetitive salary were the two most frequently cited reasons. Certain facilities, located in high cost-of-living and those in rural areas identified challenges with both salary and location.

David Vibe:

Thank you, Ms. Mercer. Ms. Parchman, please explain how the OIG determined occupational staffing shortages at the facility level.

Aja Parchman:

As with previous versions of the report, the OIG developed and distributed a facility-specific survey to medical center directors and asked them to identify their severe occupational staffing shortages. We relied on VHA facilities to self-report their occupational staffing shortages as of December 31, 2019. The OIG did not independently validate the information that was provided by the facilities.

David Vibe:

What were the OIG’s findings regarding severe occupational staffing shortages in this year’s report?

Aja Parchman:

We found that 95 percent of VHA facilities identified at least one severe occupational staffing shortage for a total of 2,430 reported shortages. This shows us that widespread severe occupational staffing shortages have continued in many occupations across the VHA system.

We also noticed that medical officer and nurse occupations were among the most commonly identified occupations with severe occupational staffing shortages. Psychiatry, a specialty within the medical officer series, and custodial worker were the most frequently reported clinical and nonclinical severe occupational staffing shortages, respectively.

Thirty-five percent of facilities reported practical nurse as a severe occupational staffing shortage

David Vibe:

Thank you. Ms. Parchman—with respect to changes to severe occupational staffing shortages since the FY 2018 and FY 2019 reports, can you briefly share what the OIG has observed in this year's report?

Aja Parchman:

Yes, certainly. We made several observations in this year's report

The overall total of reported severe occupational staffing shortages have decreased since FY 2018. Seventeen occupations were identified as a severe occupational staffing shortage by at least 20 percent of facilities, which is down from 27 percent in 2019 and 30 in 2018. Medical officer and nurse continue to be the most commonly identified occupations with severe staffing shortages. In this year's report, custodial worker replaced human resources management as the most frequently cited nonclinical severe occupational staffing shortage. Human resources management was the top nonclinical severe occupational staffing shortage in both 2018 and 2019.

The OIG also found that, while every facility reported at least one severe occupational staffing shortage in FY 2018, there were five facilities in 2019 and seven facilities this year that reported zero severe occupational staffing shortages. This is reflective of the downward trend in severe occupational staffing shortages across VHA facilities since FY 2018.

It's important to note, however, that this may not represent a drop in actual staffing needs. Facilities may still have vacancies in occupations that they did not designate as a severe staffing shortage occupation.

David Vibe:

Ms. Parchman, are there any relationships between the COVID-19 pandemic and severe occupational staffing shortages?

Aja Parchman:

While the OIG has observed yearly decreases in the overall number of facility-designated severe occupational staffing shortages since FY 2018, custodial worker was a designated occupation that has seen yearly increases.

The OIG has concerns regarding severe occupational staffing shortages in this occupation because of potential impediments to VHA's ability to provide care safely during the pandemic. The pandemic

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exacerbates the need for this occupation since facilities have become more reliant on custodial services during the current health emergency. VHA's COVID-19 Response Plan requires facilities to perform additional cleaning and disinfection after a person screens positive for respiratory symptoms or COVID-19 exposure. Custodial workers may also be deployed to clean high-touch areas with greater frequency.

David Vibe:

Ms. Mercer and Ms. Parchman, thank you both for speaking with us today about this review.

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