DEPARTMENT OF VETERANS AFFAIRS

OFFICE OF INSPECTOR GENERAL

Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

Comprehensive Healthcare Inspection of Facilities' COVID-19 Pandemic Readiness and Response in Veterans Integrated Service Networks 1 and 8

CHIP REPORT | REPORT #21-02969-20 | NOVEMBER 18, 2021

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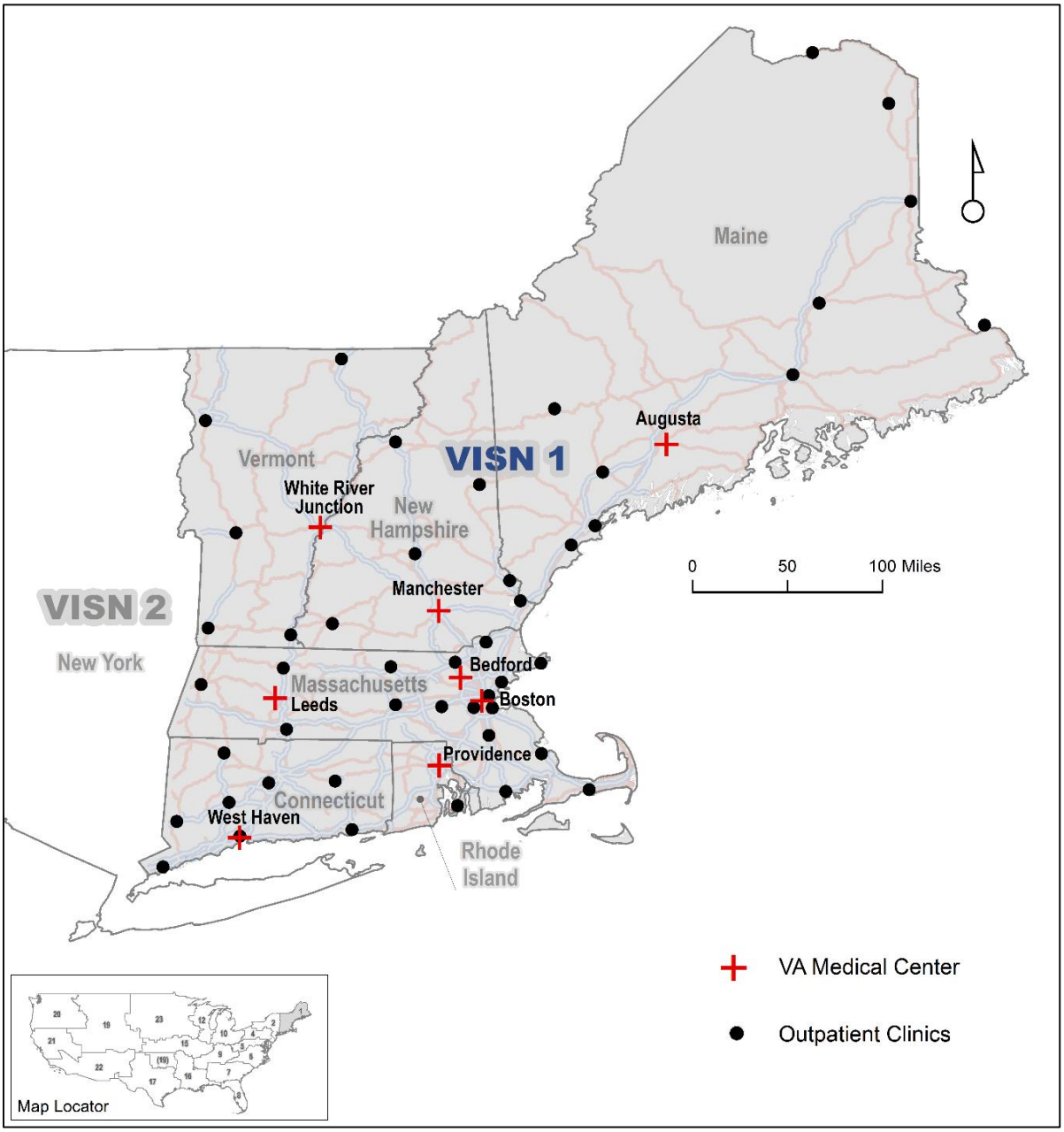

Figure 1. *Veterans Integrated Service Network 1: VA New England Healthcare System.*

Source: Veteran Affairs Site Tracking database (accessed June 27, 2019).

Note: Veteran care is provided through regional systems called Veterans Integrated Service Networks (VISNs). There are 18 VISNs that provide the administrative and clinical oversight of medical centers. This report focuses on VISNs 1 and 8.

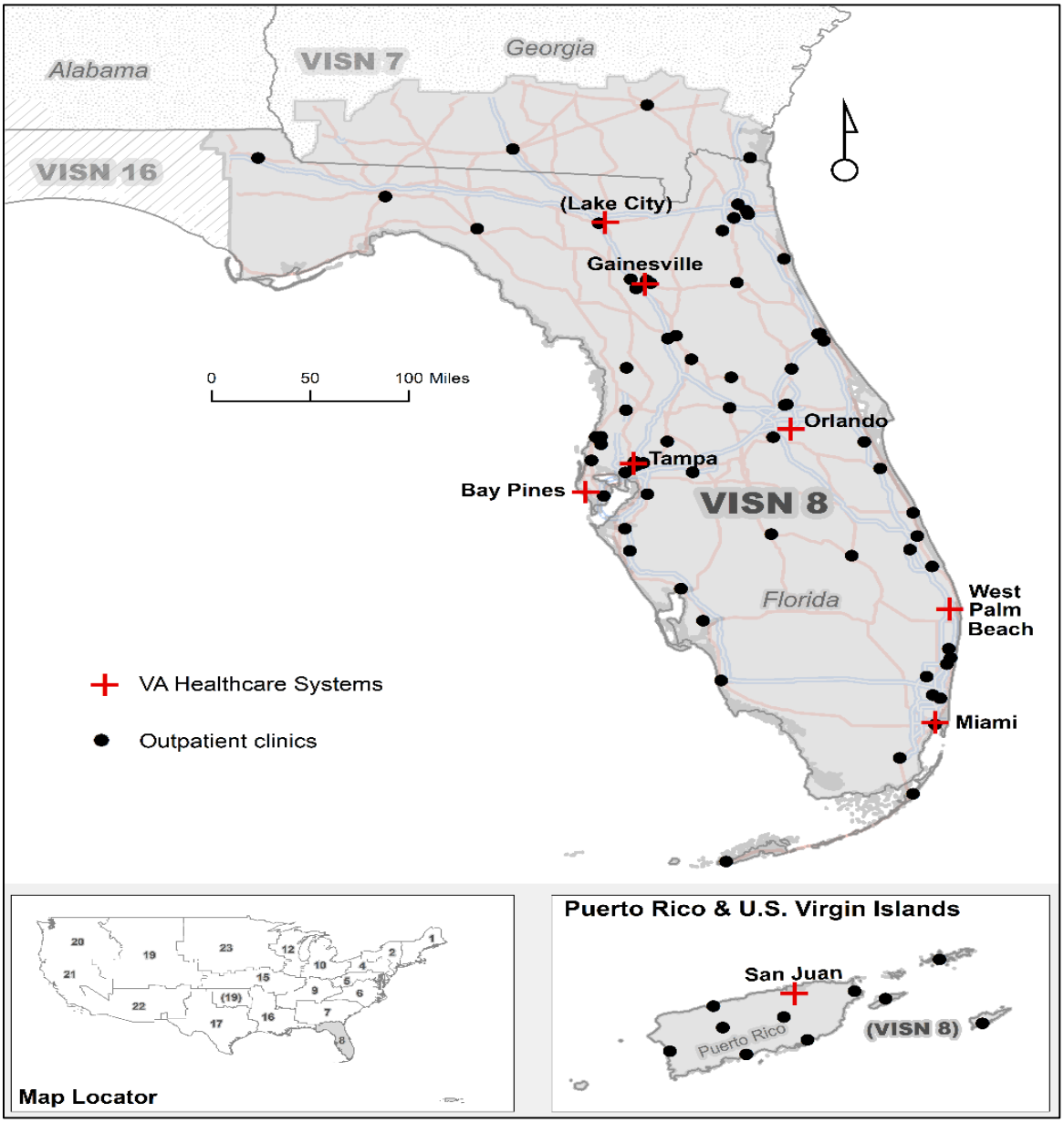

Figure 2. *Veterans Integrated Service Network 8: VA Sunshine Healthcare Network.*
Source: Veteran Affairs Site Tracking database (accessed March 22, 2021).

Abbreviations

CHIP	Comprehensive Healthcare Inspection Program
CLC	community living center
COVID-19	coronavirus disease
EOP	Emergency Operations Plan
HCS	Health Care System or Healthcare System
OIG	Office of Inspector General
PPE	personal protective equipment
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Report Overview

This Office of Inspector General (OIG) Comprehensive Healthcare Inspection Program (CHIP) report examines key clinical and administrative processes that are associated with promoting quality care. Comprehensive healthcare inspections are one element of the OIG's overall efforts to ensure that the nation's veterans receive high quality and timely VA healthcare services. The inspections are performed approximately every three years for each medical facility. The OIG selects and evaluates specific areas of focus each year. Starting in July 2020, pandemic readiness and response was added as an issue for examination.

CHIP staff have aggregated findings that relate to COVID-19 readiness and response from these routine inspections to ensure that the information is provided in a comprehensive and timely manner, given the constantly changing landscape as infection rates and demands on facilities continually shift. To promote this objective, CHIP staff have combined the findings of inspected medical facilities by Veterans Integrated Service Networks (VISNs), which are regional offices that provide oversight of medical centers in their area.[1]

This report is the third in a series. It provides a descriptive evaluation of VISN 1 and 8 facility responses to the COVID-19 pandemic. This examination is based on findings from healthcare inspections performed during the second quarter of fiscal year 2021 (January 1 through March 31, 2021). The report also provides a more recent snapshot of the pandemic's demands on facility operations based on data compiled as of July 2021. Additionally, it includes information on COVID-19 vaccination efforts, based on a review of VA's vaccination statistics as of July 1, 2021. Interviews and survey results provide additional context on lessons learned and perceptions of readiness and responses.

Because of the COVID-19 pandemic, the OIG converted the January through March 2021 VISN 1 and 8 medical center and healthcare system site visits to virtual reviews without physical inspections, and completed a COVID-19 pandemic readiness and response evaluation. The OIG's evaluation covers emergency preparedness; supplies, equipment, and infrastructure; staffing; access to care; and community living center patient care and operations.[2] The OIG also surveyed facility staff to solicit their feedback and potentially identify any problematic trends or issues that may require follow-up.

[1] Veteran care is provided through regional systems called VISNs. There are 18 VISNs that provide the administrative and clinical oversight of medical centers.

[2] VHA Directive 1149, *Criteria for Authorized Absence, Passes, and Campus Privileges for Residents in VA Community Living Centers*, June 1, 2017. Community living centers provide skilled nursing environments and a variety of interdisciplinary programs for persons needing short- and long-stay services.

Inspection Results

These inspections took place during the Veterans Health Administration's (VHA's) third pandemic peak, which was longer and involved more patients than the previous peaks. Most interviewed leaders expressed feeling adequately prepared for the pandemic. VISN 1 and 8 facility leaders universally reported having an Emergency Operations Plan in place prior to the pandemic, activating the plan during the pandemic, and evaluating its effectiveness. Most interviewed leaders expressed that VHA Central Office and VISN-level communication and guidance was timely and adequate, and all leaders reported receiving VISN-level assistance when requested.

Facility leaders indicated few issues with the adequacy of supplies and equipment to support the treatment of patients with COVID-19. Some leaders reported implementing changes to expand inpatient capacity and convert rooms to negative pressure.[3]

Interviewed leaders and staff at VISN 1 and 8 facilities mostly reported having sufficient clinical staff during the pandemic. According to VISN 1 leaders, the use of VA's rapid hiring processes increased facility staffing levels; approximately 550 staff had been hired since March 1, 2020. The VISN 1 Acting Human Resource Officer indicated that all rapid hiring elements were implemented, and that waiving fingerprinting requirements expedited the process.

The COVID-19 pandemic has been disruptive to many VHA operations, particularly those requiring hands-on or face-to-face interactions, including surgical procedures and outpatient clinic visits. Leaders communicated that they had adhered to VHA guidance by cancelling elective procedures. At the time of the virtual reviews, staff at all inspected facilities reported resuming elective surgeries. Interviewed leaders universally reported expanding telemedicine (virtual care) to maintain access to care. Despite ongoing efforts, a significant volume of cancelled appointments still needed follow-up as of June 30, 2021.

VHA issued guidance to ensure the safety and well-being of its community living center residents during the pandemic. Facility leaders and staff discussed adherence to VHA requirements for restricting admissions from the community and efforts taken to ensure the safety of vulnerable patients.

From a survey sent electronically to all VISN 1 and 8 facility staff, 71–92 percent of respondents affirmed that leaders and immediate supervisors communicated how to ensure staff and patient

[3] "Background C. Air, Guidelines for Environmental Infection Control in Health-Care Facilities (2003)," Centers for Disease Control and Prevention, accessed March 22, 2021, https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/air.html. "Positive and negative pressures refer to a pressure differential between two adjacent air spaces (e.g., rooms and hallways). Air flows away from areas or rooms with positive pressure (pressurized), while air flows into areas with negative pressure (depressurized)…rooms are set at negative pressure to prevent airborne microorganisms in the room from entering hallways and corridors."

safety during the pandemic. Additionally, 81–94 percent of respondents reported having access to appropriate personal protective equipment necessary to ensure their own safety at work during the COVID-19 pandemic. Further, when asked about lessons learned during their facility's pandemic response, VISN 1 and 8 staff's comments reflected a common theme: the importance of communication.

Finally, VA and VISNs 1 and 8 have made progress in their effort to vaccinate veterans against COVID-19. VA announced initial COVID-19 vaccine distribution plans in December 2020.[4] Nearly three million veterans had received at least one dose as of July 1, 2021.[5] At that time, all VISN 1 and 8 facility staff were using a combination of available vaccines and had fully vaccinated roughly 52 percent of patients within each VISN.[6]

This report provides data that illustrates the tremendous COVID-19-related demands on VA healthcare services. It shares leader and staff experiences, assessments, shared sentiments, and best practices to help improve operations and clinical care during public health crises. The OIG made no recommendations.

Comments

COVID-19 is reshaping the landscape of healthcare delivery worldwide, from how care is delivered on the front lines to overall healthcare facility operations. VHA, as the nation's largest integrated healthcare system, will be no exception.

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Assistant Inspector General
for Healthcare Inspections

[4] VA, "VA to begin COVID-19 vaccinations at 128 additional sites," news release, December 21, 2020, accessed March 18, 2021, https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5591.

[5] VA, *Department of Veterans Affairs COVID-19 National Summary*, accessed July 1, 2021, https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary.

[6] VA, *Department of Veterans Affairs COVID-19 National Summary*.

Contents

Introduction

The purpose of the Office of Inspector General (OIG) Comprehensive Healthcare Inspection Program (CHIP) is to conduct routine oversight of VA medical facilities providing healthcare services to veterans and, when needed, in support of nonveterans during times of crisis.[1] Comprehensive healthcare inspections examine a broad range of key clinical and administrative processes associated with the quality of patient care.

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic.[2] The Veterans Health Administration (VHA) subsequently issued its *COVID-19 Response Plan* on March 23, 2020, which presents strategic guidance on preventing viral transmission among veterans and staff, and for the appropriate care for sick patients.[3]

During this time, VA continued providing for veterans' healthcare needs and engaged its fourth mission, the "[p]rovision of hospital care and medical services during certain disasters and emergencies" to individuals "who otherwise do not have VA eligibility for such care and services."[4] VHA facilities provide a safety net for the nation's hospitals if they become overwhelmed.[5]

This report describes Veterans Integrated Service Network (VISN) 1 and 8 facilities' pandemic readiness and response and is the third in a series of pandemic-related summary publications issued separate from other CHIP findings to promptly inform VA and its stakeholders.[6] Additionally, this report includes a more recent snapshot of the number and types of positive cases, and their effect on facility operations as of July 2021. Further, this report provides

[1] 38 C.F.R. § 17.86. "During and immediately following a disaster or emergency…VA under 38 U.S.C. 1785 may furnish hospital care and medical services to individuals (including those who otherwise do not have VA eligibility for such care and services) responding to, involved in, or otherwise affected by that disaster or emergency."

[2] "WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020," World Health Organization, accessed January 12, 2021, https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.

[3] VHA, Office of Emergency Management, *COVID-19 Response Plan*, March 23, 2020.

[4] 38 U.S.C. § 7301–7303 defines VHA's missions and includes serving veterans through care, research, and training. 38 C.F.R. § 17.86. VA's fourth mission is the "[p]rovision of hospital care and medical services during certain disasters and emergencies."

[5] VA OIG, *OIG Inspection of Veterans Health Administration's COVID-19 Screening Processes and Pandemic Readiness*, Report No. 20-02221-120, March 26, 2020.

[6] The first OIG report in the series is *Comprehensive Healthcare Inspection of Facilities' COVID-19 Pandemic Readiness and Response in Veterans Integrated Service Networks 10 and 20*, Report No. 21-01116-98, March 16, 2021. The second OIG report in the series is *Comprehensive Healthcare Inspection of Facilities' COVID-19 Pandemic Readiness and Response in Veterans Integrated Service Network 19*, Report No. 21-01699-175, July 7, 2021. Veteran care is provided through regional systems called VISNs. There are 18 VISNs that provide the administrative and clinical oversight of medical centers.

information on VISN-level COVID-19 vaccination efforts, based on a review of VA's vaccination statistics as of July 1, 2021.

Methodology

Comprehensive healthcare inspections are performed approximately every three years for each VHA medical facility. Beginning in FY 2020, the OIG randomly selected facilities for inspection by VISN. However, because of the pandemic, the OIG converted its January through March 2021 site visits to virtual reviews.

The OIG inspection teams interviewed leaders and staff to assess COVID-19 pandemic readiness and response.[7] The virtual inspections were initiated during the weeks of January 25 and February 1, 2021, at the VISN 1: VA New England Healthcare System (Bedford, Massachusetts) office and its facilities:

- Edith Nourse Rogers Memorial Veterans' Hospital (Bedford, Massachusetts)
- Manchester VA Medical Center (VAMC) (New Hampshire)
- Providence VAMC (Rhode Island)
- VA Boston Healthcare System (HCS) (Massachusetts)
- VA Central Western Massachusetts HCS (Leeds)
- VA Connecticut HCS (West Haven)
- VA Maine HCS (Augusta)
- White River Junction VAMC (Vermont)

Virtual inspections were initiated during the weeks of March 15 and March 22, 2021, at the VISN 8: VA Sunshine Healthcare Network (St. Petersburg, Florida) office and its facilities:

- Bay Pines VA HCS (Florida)
- James A. Haley Veterans' Hospital (Tampa, Florida)
- Miami VA HCS (Florida)
- North Florida/South Georgia Veterans Health System (Gainesville, Florida)
- Orlando VA HCS (Florida)
- VA Caribbean HCS (San Juan, Puerto Rico)
- West Palm Beach VAMC (Florida)

[7] VAMC and HCS leaders' interviews generally involved facility directors, chiefs of staff, associate directors for patient care services, and associate and assistant directors. Critical care and community living center leaders' interviews typically involved physician and nurse leaders who oversaw or provided patient care in their respective areas.

As an element of the CHIP evaluation process, the OIG teams assessed the pandemic's effect on VISN 1 and 8 facilities and their leaders' subsequent responses and specifically focused on five areas related to emergency preparedness; supplies, equipment, and infrastructure; staffing; access to care; and community living center (CLC) patient care and operations.[8] The OIG also surveyed staff at the inspected facilities about their experiences with

- communication,
- access to personal protective equipment (PPE),
- job-related training,
- telework,
- employee assistance, and
- facility readiness and response.

Generally, the OIG coordinated email distribution of the survey and instructions to facility staff on Monday, the first day of the virtual inspections, and collected responses until 5:00 p.m. (local time) on the following Friday. The OIG summarized and shared survey results—including the number of respondents (overall, clinical, nonclinical, and those who did not make a selection) and responses by question and respondent type—with facility leaders and discussed any concerning issues or trends at that time (see appendixes D and E for the approximate number of staff surveyed during each CHIP review.) The survey findings discussed in this report focus on communication, access to PPE, and lessons learned regarding facility readiness and responses. Interviews and survey responses provided an overall picture of the facilities' pandemic-related challenges as well as lessons learned.

During the virtual site visits, the OIG referred concerns that were beyond the scope of this inspection to the OIG's hotline management team for further review.

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978.[9] The OIG reviews available evidence within a specified scope and methodology and makes recommendations to VA leaders, if warranted. Findings and recommendations do not define a standard of care or establish legal liability.

The OIG conducted the inspections in accordance with OIG procedures and Quality Standards for Inspection and Evaluation published by the Council of the Inspectors General on Integrity and Efficiency.

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[8] VHA Directive 1149, *Criteria for Authorized Absence, Passes, and Campus Privileges for Residents in VA Community Living Centers*, June 1, 2017. CLCs provide a skilled nursing environment and a variety of interdisciplinary programs for persons needing short- and long-stay services.

[9] Pub. L. No. 95-452, 92 Stat 1101, as amended (codified at 5 U.S.C. App. 3).

Inspection Results

The CHIP team examined VA data to help determine COVID-19-related demands on VISN 1 and 8 facilities. Interviews with facility leaders and staff helped put those numbers in context and provided useful information on related activities. Specifically, this report examines the following for the OIG review periods provided:

- The number of positive COVID-19 cases in VA and the VISN during the review period (including related testing, status of recovery or death, veteran or employee status, and the age range of patients)
- The evaluation of the five focus areas examined for all VISN comprehensive healthcare inspections related to pandemic readiness and responses
    - Emergency preparedness
    - Supplies, equipment, and infrastructure
    - Staffing
    - Access to care
    - CLC patient care and operations
- Summary of the number of partial and full vaccinations provided as of July 1, 2021 (veteran, employee, and federal partner)

This report also includes discussions with facility leaders and the summary results of the staff survey.

COVID-19 Cases across VA and VISNs 1 and 8

To assess the effect of COVID-19 on facility operations, the OIG reviewed VA surveillance data available at the time of the inspections. Given the ongoing nature of the pandemic and the difficulty of obtaining comprehensive longitudinal data, figures 3–5 provide snapshots of the number of new positive COVID-19 cases for VA and VISNs 1 and 8 from March 11, 2020, through June 30, 2021.

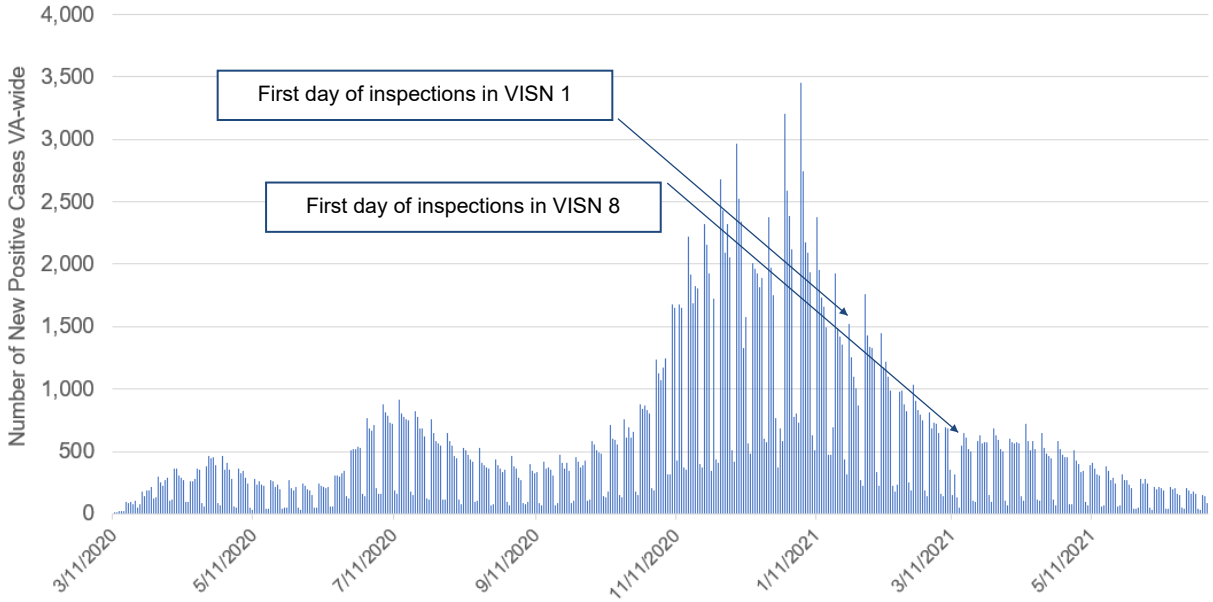

Figure 3. *Number of new positive VA cases nationwide per day (March 11, 2020, through June 30, 2021).*

Source: Department of Veterans Affairs National Surveillance Tool: COVID-19, VA Cases (accessed July 1, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed December 3, 2020).

Note: The OIG did not assess VA's data for accuracy or completeness. The number of new positive cases per day includes "all VA confirmed and presumptive positive Veterans, Veteran employees, employees, and civilian humanitarian cases whose results have been included in VA data or who were tested in the VA system. This includes all positive labs (SARS-CoV-2019)…This also includes cases tested outside of the VA system but captured through the NST [National Surveillance Tool] classification system, which incorporates both artificial intelligence and human review. A recurrent case may occur if a patient has another positive test after a testing gap of more than 30 days."

The figure illustrates that VA saw a peak surge of more than 3,400 new COVID-19 cases in January 2021. Although there was considerable fluctuation, demands on medical services began rising significantly during the fall of 2020. Inspections of VISN 1 and 8 facilities occurred during VA's third wave of new cases and when the number of new positive cases was declining.

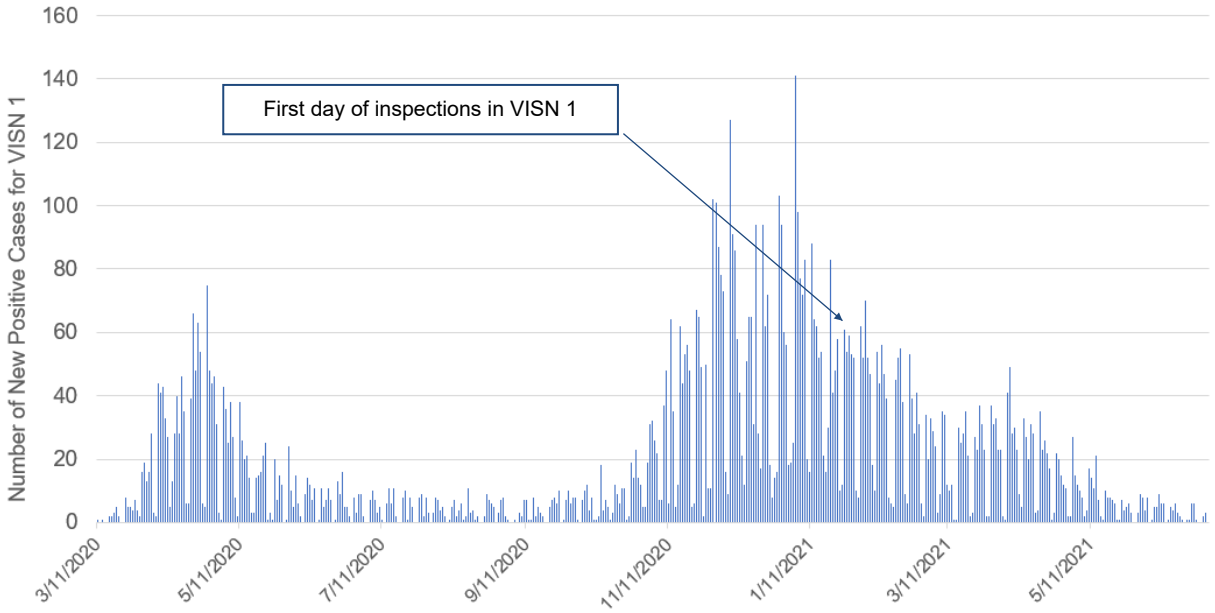

Figure 4. *Number of new positive VISN 1 cases per day (March 11, 2020, through June 30, 2021).*
Source: Department of Veterans Affairs National Surveillance Tool: COVID-19, VA Cases (accessed July 1, 2021).
Note: The OIG did not assess VA's data for accuracy or completeness. The definition of new positive cases is included below figure 3.

At the time of the OIG's VISN 1 inspections, the network of facilities was experiencing its second peak in the number of new positive cases per day since the beginning of the pandemic, which topped out at 141 new cases in January 2021. VISN 1's first peak occurred near May 2020. This figure also reflects the high variability in the number of new cases from one day to another.

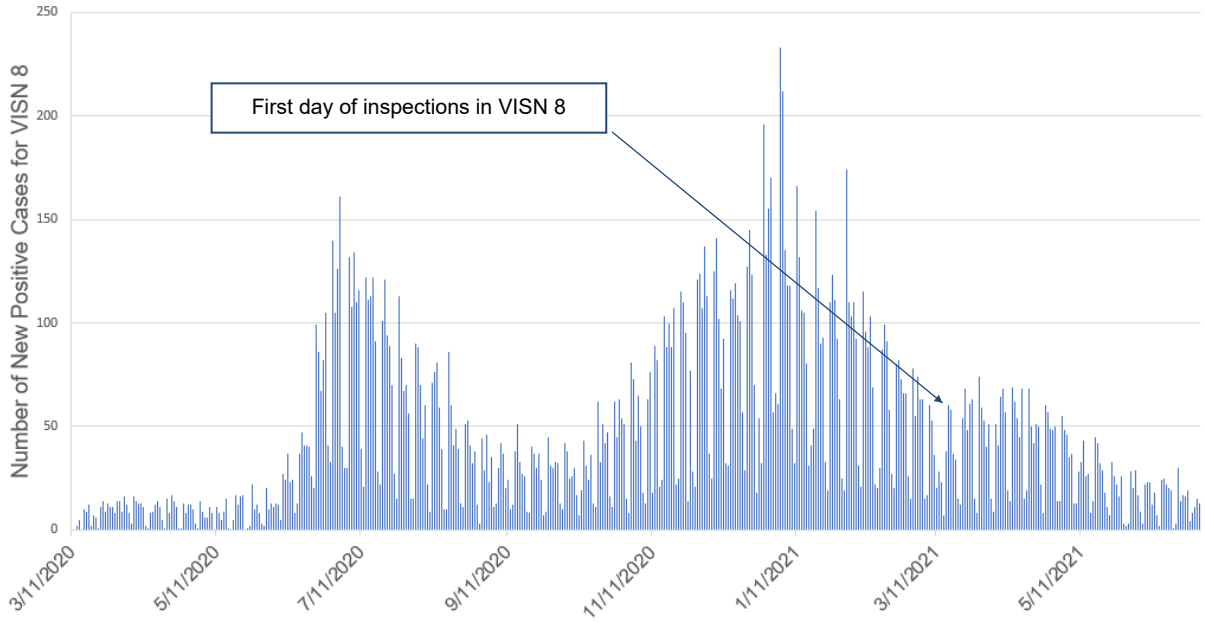

Figure 5. *Number of new positive VISN 8 cases per day (March 11, 2020, through June 30, 2021).*
Source: Department of Veterans Affairs National Surveillance Tool: COVID-19, VA Cases (accessed July 1, 2021).
Note: The OIG did not assess VA's data for accuracy or completeness. The definition of new positive cases is included below figure 3.

The OIG's inspections in VISN 8 occurred near the end of the second peak in new positive cases per day, which crested at 233 new cases at the beginning of January 2021. VISN 8's first peak occurred in July 2020.

Most interviewed leaders expressed feeling adequately prepared for the pandemic. Leaders at VISN 1's Edith Nourse Rogers Memorial Veterans' Hospital reported being on the downside of a second surge and being hit hard with a first wave in April 2020 that lasted approximately seven to eight weeks. Leaders reported that it took time to recover from the first surge but being better prepared for the second surge.

Bay Pines VA HCS leaders expressed not feeling adequately prepared for COVID-19 during the first six to eight weeks of the pandemic, described how the system evolved, and reported being more prepared for future waves.

These reports must be evaluated within the context that at the time of the inspections, the effect of future COVID-19 variants remained unknown.[10]

[10] "Understanding Variants," Centers for Disease Control and Prevention (Updated Aug. 6, 2021), accessed August 26, 2021, https://www.cdc.gov/coronavirus/2019-ncov/variants/understanding-variants.html. "Viruses constantly change through mutation, and new variants of a virus are expected to occur. Sometimes new variants emerge and disappear. Other times, new variants persist. Multiple variants of COVID-19 have emerged in the United States. At this point, the original variant that caused the initial COVID-19 cases in January 2020 is no longer.

Testing for COVID-19 and then triaging positive cases were among the many pandemic-related demands. Tables 1–3 examine the testing conducted VA-wide and by VISNs 1 and 8.

Table 1. Testing and Results
(March 11, 2020, through June 30, 2021)

Surveillance Element	VHA	VISN 1	VISN 8
Total Cases	1,591,581	63,743	160,968
• Positive Cases*	265,971	9,142	21,208
• Negative Cases	1,271,291	51,929	137,041
• Pending Cases	54,319	2,672	2,719

Source: Department of Veterans Affairs National Surveillance Tool: COVID-19 Facility Detail (accessed July 1, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed December 3, 2020).

Note: The OIG did not assess VA's data for accuracy or completeness. Additional details about the types of care provided by VHA and within VISNs 1 and 8 can be found in appendix A.

**Positive cases include "all VA confirmed and presumptive positive Veterans, Veteran employees, employees, and civilian humanitarian cases whose results have been included in VA data or who were tested in the VA system. This includes all positive labs (SARS-CoV-2019)…This also includes cases tested outside of the VA system but captured through the NST [National Surveillance Tool] classification system, which incorporates both artificial intelligence and human review. A recurrent case may occur if a patient has another positive test after a testing gap of more than 30 days."*

Table 2. Status of Positive Cases (March 11, 2020, through June 30, 2021)

Surveillance Element	VHA	VISN 1	VISN 8
Active*	1,376	16	150
Convalescent	252,137	8,612	20,307
Known Death‡	12,458	514	751
• Inpatient	4,152	135	303
• Other	8,306	379	448

Source: Department of Veterans Affairs National Surveillance Tool: COVID-19 Facility Detail (accessed July 1, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed December 3, 2020).

Note: The OIG did not assess VA's data for accuracy or completeness. Additional details about the types of care provided by VHA and within VISNs 1 and 8 can be found in appendix A.

*****Active cases include patients "tested or treated at a VA facility for known or probable COVID-19 who have neither died nor reached convalescent status." Convalescent cases represent the patients "tested or treated at a VA facility for known or probable COVID-19 who are either a post-hospital discharge or 14 days past their first positive test, whichever comes later."*

‡Known deaths are "all deaths (all cause), among patients tested or treated at a VA facility, that occur within 30 days of a known COVID positive determination… 'Inpatient' indicates that the death occurred in a 'VA' hospital." "Other" indicates "the death was reported to VA but occurred elsewhere."

Table 3. Patient Types of Positive Cases (March 11, 2020, through June 30, 2021)

Surveillance Element	VHA	VISN 1	VISN 8
Veteran	239,504	8,245	18974
Employee	19,461	797	1940
Veteran-Employee	851	25	28
All Other*	6,155	75	266

Source: Department of Veterans Affairs National Surveillance Tool: COVID-19 Facility Detail (accessed July 1, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed December 3, 2020).

Note: The OIG did not assess VA's data for accuracy or completeness. Additional details about the types of care provided by VHA and within VISNs 1 and 8 can be found in appendix A.

*****"All Other" includes "civilians admitted to VA hospitals as humanitarian cases, Tricare patients, Active Duty Military, and other groups."*

Facility-specific data for VISNs 1 and 8 from March 11, 2020, through June 30, 2021, are presented in appendixes B and C, respectively.

VISN 1 and 8 Facilities' Readiness and Response

The following subsections detail the OIG's findings for the five pandemic-related focus areas examined for all VISN 1 and 8 facilities and the summary results of the staff survey.

Emergency Preparedness

VISN 1 and 8 facility leaders universally reported having an Emergency Operations Plan (EOP) in place prior to the pandemic, activating the EOP during the pandemic, and evaluating the effectiveness of the EOP. Most interviewed leaders felt that VHA Central Office and VISN-level communications and guidance were timely and adequate, and all leaders reported receiving VISN-level assistance when requested.

During interviews, VISN 1 leaders described implementing the VISN EOP and establishing the VISN Incident Command Center. The Incident Command Center reportedly held meetings multiple times per day, provided oversight to facility-level Incident Command Centers, and communicated VHA information to VISN facilities.

The VISN 1 Network Director considered the following COVID-19 data critical to daily operations:

- Inpatient COVID-19 demand versus demand for other conditions
- COVID-19 testing specific to facilities, staff, and patients
- National VHA data compared to VISN geographic areas
- Seven-day prevalence
- Vaccination data by county

VA Boston HCS leaders described obtaining knowledge of the pandemic by sending a pulmonologist to assist during the surge of patients in New York, which reportedly occurred three weeks prior to surge observed in Boston. Leaders at the VA Connecticut HCS reported having daily contact with the state veterans home and monitoring its data. According to these interviewed leaders, a team of HCS staff was sent to assist the state facility with isolation processes and prevention of a large-scale outbreak. VISN 1 leaders also discussed directing cross-leveling (movement of resources between VISN facilities) of equipment and staff.

Similar to VISN 1, VISN 8 leaders reported implementing its EOP, setting up an Incident Command Center that held multiple meetings each day to handle issues as they arose, and directing cross-leveling of equipment and staff. VISN 8 leaders also reported coordinating with

the Federal Emergency Management Agency and state departments of health to implement VA's Fourth Mission in supporting 82 different state veterans and community nursing home facilities.

Leaders at VISN 8 facilities described how previous events helped preparation efforts for the pandemic. The James A. Haley Veterans' Hospital Chief of Staff stated that infectious disease providers were prepared to address pandemic challenges due to the previous development of virus-related protocols such as those for Severe Acute Respiratory Syndrome (SARS) and Ebola.[11] North Florida/South Georgia Veterans Health System leaders stated that the system's EOP was used frequently due to hurricanes, and VA Caribbean HCS leaders stated they felt prepared to respond to the pandemic due to their experiences with hurricanes and earthquakes.

Supplies, Equipment, and Infrastructure

The following facilities were inspected as part of the OIG's previously published report on *COVID-19 Screening Processes and Pandemic Readiness*:[12]

- Edith Nourse Rogers Memorial Veterans Hospital
- Manchester VAMC
- Providence VAMC
- VA Boston HCS
- VA Connecticut HCS
- VA Maine HCS
- White River Junction VAMC
- Bay Pines VA HCS
- James A. Haley Veterans' Hospital

[11] "Severe Acute Respiratory Syndrome (SARS)," Centers for Disease Control and Prevention, accessed August 31, 2021, https://www.cdc.gov/sars/index.html. "Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus called SARS-associated coronavirus (SARS-CoV). SARS was first reported in Asia in February 2003. The illness spread to more than two dozen countries in North America, South America, Europe, and Asia before the SARS global outbreak of 2003 was contained." "Ebola (Ebola Virus Disease)," Centers for Disease Control and Prevention, accessed August 31, 2021, https://www.cdc.gov/vhf/ebola/index.html. "Ebola Virus Disease (EVD) is a rare and deadly disease in people and nonhuman primates. The viruses that cause EVD are located mainly in sub-Saharan Africa. People can get EVD through direct contact with an infected animal (bat or nonhuman primate) or a sick or dead person infected with Ebola virus."

[12] VA OIG, *OIG Inspection of Veterans Health Administration's COVID-19 Screening Processes and Pandemic Readiness*, Report No. 20-02221-120, March 26, 2020. "N95 Respirators, Surgical Masks, Face Masks, and Barrier Face Coverings," Food & Drug Administration, accessed November 4, 2021, https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-surgical-masks-and-face-masks. N95 masks are close-fitting facial respirators that efficiently filter out airborne particles.

- Miami VA HCS
- North Florida/South Georgia Veterans Health System
- Orlando HCS

In that report, published on March 26, 2020, leaders described shortages of supplies, including N95 masks, gloves, gowns, and masks with face shields. During the virtual comprehensive healthcare inspections, leaders reported no issues with the adequacy of supplies.

Critical care leaders at VA Maine HCS and Miami VA HCS cited needing additional ventilators to support demands but also reported being able to acquire the additional equipment.

Although all interviewed leaders described having adequate infrastructure, multiple facility leaders had reportedly taken steps to expand inpatient capacity and convert patient care rooms to negative pressure.[13]

Staffing

Interviewed leaders and staff at VISN 1 and 8 facilities largely reported having sufficient clinical (non-licensed independent practitioner) staff during the pandemic.[14] According to VISN 1 leaders, the use of VA's rapid hiring processes increased facility staffing levels; approximately 550 staff had been hired since March 1, 2020. The VISN 1 Acting Human Resource Officer reported that all rapid hiring elements were implemented, and that waiving fingerprinting requirements expedited the process.

Additionally, multiple facilities had staff participate in the Disaster Emergency Medical Personnel System.[15] VA Maine HCS staff were reportedly the first in the nation to assist the VA New York Harbor HCS at the start of the pandemic. At the time of the OIG review, the system cited completion of 67 deployments supporting the Disaster Emergency Medical Personnel

[13] "Background C. Air, Guidelines for Environmental Infection Control in Health-Care Facilities (2003)," Centers for Disease Control and Prevention, accessed March 22, 2021, https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/air.html. "Positive and negative pressures refer to a pressure differential between two adjacent air spaces (e.g., rooms and hallways). Air flows away from areas or rooms with positive pressure (pressurized), while air flows into areas with negative pressure (depressurized)…rooms are set at negative pressure to prevent airborne microorganisms in the room from entering hallways and corridors."

[14] VHA Handbook 1100.19, *Credentialing and Privileging*, October 15, 2012. A licensed independent practitioner "is any individual permitted by law (the statute that defines the terms and conditions of the practitioner's practice in the State of licensure) and the facility to provide patient care services independently, i.e., without supervision or direction, within the scope of the individual's license, and in accordance with individually-granted clinical privileges."

[15] VHA Handbook 0320.03, *Disaster Emergency Medical Personnel System (DEMPS) Program and Database*, March 26, 2008. (This handbook was replaced by VHA Directive 0320.03, *Disaster Emergency Medical Personnel System Program*, June 17, 2021.) The handbook and directive describe the processes and procedures by which VHA can deploy VHA employees during declared disasters and public health emergencies.

System, Federal Emergency Management Agency, and VISN efforts at both VA and non-VA facilities from Massachusetts to Arizona. Manchester VAMC and North Florida/South Georgia Veterans Health System leaders also stated that staff had completed multiple deployments through the Disaster Emergency Medical Personnel System.

The OIG took special note of reported actions implemented by the Edith Nourse Rogers Memorial Veterans' Hospital Director. After learning of staff sleeping in the hospital parking lot or in their garages at home because they feared spreading the virus to their family, the Director opened lodging space for staff to stay on the campus. This enabled employees to care for patients while minimizing the possible transmission of disease to their families.

Access to Care

The COVID-19 pandemic has been disruptive to many VHA operations, particularly those requiring hands-on care or face-to-face interactions, such as surgical procedures and outpatient clinic visits. On March 15, 2020, VHA issued field guidance to facilities to "cease non-urgent elective procedures no later than Wednesday, March 18, 2020…[to] reduce unnecessary hospitalizations and ICU [intensive care unit] use and…free up resources to address the increasing number of veterans under evaluation and diagnosed with COVID-19."[16] On May 22, 2020, VHA distributed *Moving Forward: Guidance for Resumption of Procedures for Non-Urgent and Elective Indications* to present the minimum factors for facilities and VISNs to consider when deciding to resume elective procedures.[17]

Facility leaders reported adhering to VHA guidance and cancelling elective procedures.[18] At the time of the virtual reviews, staff at all inspected facilities reported resuming elective surgeries. Interviewed leaders universally reported expanding telemedicine (virtual care) to maintain access to care. Despite these efforts, significant numbers of cancelled appointments still needed follow-up as of June 30, 2021 (see tables 4 and 5 and appendixes B and C).[19] The OIG previously performed a review of VHA data on cancelled appointments, conversions to telehealth, and

[16] VHA Deputy Under Secretary for Health for Operations and Management (DUSHOM) Memorandum, *Coronavirus (COVID-19) – Guidance for Elective Procedures*, March 15, 2020.

[17] VHA Assistant Under Secretary for Health for Operations Memorandum, *Moving Forward: Guidance for Resumption of Procedures for Non-Urgent and Elective Indications*, May 22, 2020.

[18] According to staff at the Edith Nourse Rogers Memorial Veterans' Hospital and VA Central Western Massachusetts HCS, surgeries are not performed at these facilities.

[19] Cancellation data does not include "non-count" appointment cancellations. VHA Directive 1230(3), *Outpatient Scheduling Processes and Procedures*, July 15, 2016, amended January 7, 2021. This directive defines non-count as workload that "does not meet the definition of an encounter or an occasion of service."

follow-up during the COVID-19 pandemic. The review identified various deficiencies, including the need for VHA to take appropriate follow-up action on cancelled or discontinued consults.[20]

Table 4 shows the top five clinics in VISN 1 with the highest number of cancellations. The OIG noted that the primary care/medicine clinics had the most cancellations and over 12,000 (five percent) clinic appointments needing follow-up. The optometry clinic had the next highest number of cancellations with over 11,000 (10 percent) clinic appointments needing follow-up. The telephone primary care clinic had the lowest number of cancellations among the top five clinics but still had over 3,600 (five percent) clinic appointments needing follow-up.

Table 4. VISN 1 Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)

Clinic	Total Cancellations*	Cancellations Due to COVID-19	Follow-Up Found‡	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up§
Primary Care/Medicine	222,707	49,572	210,568	12,139	5
Optometry	106,898	45,525	95,862	11,036	10
Mental Health Individual Clinic	93,671	10,771	91,438	2,233	2
Telephone Mental Health	87,392	2,366	83,859	3,533	4
Telephone Primary Care	79,571	3,450	75,890	3,681	5

Source: VHA Support Service Center (accessed July 1, 2021). COVID-19 Cancellations definitions (accessed January 11, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness. Additional details about the types of care provided within VISNs 1 and 8 can be found in appendix A.

***** *"Total Cancellations" are "[t]he number of appointments with COVID in the cancellation remarks or was cancelled/no showed on or after 3/1/2020."*
"Cancellations Due to COVID-19" include those with "COVID" in the cancellation remarks.
‡ *"Follow-Up Found" refers to when "One or more of the following is found: Clerk indicated conversion, Has Rescheduled Appt, Has Visit, Has RTC [return to clinic] Entered, Has Recall Activity, Has Consult Activity, Has Appt or Visit in Same Location, Has Appt or Visit in Same Stop Code Combo, Has Factor, [or] Has Closure Factor."*
§ *The OIG calculated the "Percent of Cancelled Appointments Without Follow-Up."*

[20] VA OIG, *Appointment Management During the COVID-19 Pandemic*, Report No. 20-02794-218, September 1, 2020. The results of this review were based on data obtained from VHA's Corporate Data Warehouse for time periods ranging from February 1, 2020, through May 1, 2020. The OIG also obtained and analyzed data from VHA Support Service Center reports from March 2020 through May 2020. The report's analyses primarily focused on March 15, 2020, through May 1, 2020.

Table 5 shows the top five clinics in VISN 8 with the highest number of cancellations. The OIG found that the primary care/medicine clinics had over 41,000 (five percent) clinic appointments needing follow-up. The mental health individual clinic had the next highest number of cancellations with almost 12,000 (four percent) clinic appointments needing follow-up. The dental clinic had the lowest number of cancellations among the top five clinics but still had almost 13,000 (nine percent) clinic appointments needing follow-up.

Table 5. VISN 8 Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)

Clinic	Total Cancellations	Cancellations Due to COVID-19	Follow-Up Found	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up*
Primary Care/Medicine	824,351	208,518	783,124	41,227	5
Mental Health Individual Clinic	333,728	86,225	321,862	11,866	4
Telephone Primary Care	241,758	24,059	235,803	5,955	2
Optometry	180,420	51,040	155,364	25,056	14
Dental	140,988	49,272	128,189	12,799	9

Source: VHA Support Service Center (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness. Additional details about the types of care provided within VISNs 1 and 8 can be found in appendix A. The definitions for "total cancellations," "cancellations due to COVID-19," and "follow-up found" are included below table 4.

**The OIG calculated the "Percent of Cancelled Appointments Without Follow-Up."*

Facility-specific data for VISNs 1 and 8 as of March 1, 2020, through June 30, 2021, are presented in appendixes B and C.

Impact of COVID-19 on Community Living Center Patients and Operations

VHA issued guidance to ensure the safety and well-being of its CLC residents during the pandemic.[21] This included but was not restricted to

- limited admissions to those patients who are already in a VA medical facility;
- restriction on admissions from the community;

[21] VHA DUSHOM Memorandum, *Coronavirus (COVID-19) Community Living Centers – Revised 3/17/2020*, March 17, 2020.

- completion of "14 days of observation in the acute care facility" for veterans requiring admission for emergencies prior to transfer to the CLC;
- screening of all CLC staff "at the beginning of their shift[s] for fever and respiratory symptoms;"
- daily screenings of CLC residents for fever and symptoms of COVID-19; and
- closure of the CLC to visitors, "except for certain compassionate care situations."[22]

VHA also recommended that facilities

- minimize staff entering CLC space,
- use dedicated CLC staff to address as many duties as possible,
- use telehealth in lieu of consults and clinic visits outside the CLC, and
- "cancel communal dining and all group activities."[23]

Facility leaders and staff reported adherence to VHA requirements for restricting admissions from the community.[24] The OIG noted the considerable efforts reported to ensure the safety of vulnerable CLC residents, which had reportedly included various screening and testing frequencies for COVID-19.

Leaders and staff at the Edith Nourse Rogers Memorial Veterans' Hospital described opening a new unit to support the CLC admission of 12 COVID-19-positive veterans who were near the end of life from a neighboring state veterans home. The staff reportedly worked day and night and opened the new unit a week earlier than expected. Consistent staff cared for the state veterans home patients—there was no movement of staff between the new unit and the CLC because of the vulnerable elderly CLC population.

Additional efforts to ensure the safety of vulnerable patients included the reduction of unnecessary foot traffic at the Bay Pines VA HCS CLC by acquiring its own portable x-ray machine and training nurses to draw blood.

CLC leaders at VA Central Western Massachusetts HCS reported feeling well-prepared for another surge of COVID-19 patients due to implementation of several best practices. For example, staff arranged Zoom chapel services since residents could not attend church services. A recreational therapist implemented "Quarantine Cuts" as residents were unable to visit the

[22] VHA DUSHOM Memorandum, *Coronavirus (COVID-19) Community Living Centers – Revised 3/17/2020*, March 17, 2020.

[23] VHA DUSHOM Memorandum, *Coronavirus (COVID-19) Community Living Centers – Revised 3/17/2020*.

[24] Providence and White River Junction VAMC leaders were not interviewed on this topic since the medical centers do not have CLCs.

barbershop. In place of trips to the canteen, staff arranged for a daily snack cart. Staff also coordinated "Take-out Thursdays" from favorite restaurants.

Miami VA HCS CLC Nurse Managers reported that veterans had access to virtual reality headsets and equipment previously purchased for use in the chemotherapy and spinal cord injury units. The headsets and equipment allowed the veterans to choose an activity to experience virtually, such as swimming with dolphins or taking a trip to London.

Facility Staff Feedback

There were 3,808 and 4,440 respondents to the OIG's COVID-19 survey of employees at the inspected VISN 1 and 8 medical facilities, respectively. Of the 3,808 respondents in VISN 1, 2,150 (56 percent) identified themselves as clinical staff, 1,594 (42 percent) identified themselves as nonclinical staff, and 64 respondents (2 percent) made no selection. The overall response rate by location was approximately 13–44 percent.[25]

Of the 4,440 respondents in VISN 8, 2,683 (60 percent) identified themselves as clinical staff, 1,668 (38 percent) identified themselves as nonclinical staff, and 89 respondents (2 percent) made no selection. The overall response rate by location was approximately 10–17 percent.

When asked whether leaders and immediate supervisors communicated how to ensure the safety of patients and staff during the pandemic, 71–92 percent of respondents answered affirmatively (see appendixes D and E for related questions and response rates). Additionally, 81–94 percent of staff who responded reported having access to appropriate PPE necessary to ensure their own safety at work during the COVID-19 pandemic (see appendixes D and E, tables D.2 and E.2). Further, when asked about lessons learned during their facility's pandemic response, the OIG identified one universal theme among VISN 1 and 8 staff's comments: the importance of communication.

VA and VISNs 1 and 8 Vaccination Efforts

According to the *COVID-19 Vaccination Plan for the Veterans Health Administration*, VHA chartered a team in September 2020 "to plan for the availability of a COVID-19 vaccine as early as October 2020."[26] The plan provided guidance on the management of vaccines "that have, or will have received FDA [U.S. Food & Drug Administration] EUA [Emergency Use Authorization]" and outlined three operational goals:

[25] The response rate was approximated using the number of respondents and unique staff employed at the time of the virtual review according to VHA Support Service Center's Personnel and Accounting Integrated Data (PAID) cube, accessed August 24, 2021, https://vssc.med.va.gov/. (This is an internal VA website not publicly accessible.)

[26] VA, *COVID-19 Vaccination Plan for the Veterans Health Administration*, December 14, 2020.

- "Develop and implement a plan to procure, distribute, and administer COVID-19 vaccine for Veterans and VA staff.
- Develop a population-based risk stratification plan for COVID-19 vaccine administration and implement as required by vaccine supply limitations.
- Implement solutions to track and report vaccine supply, administration, course completion, safety and outcomes for internal and external stakeholders."[27]

At the time of this report's publication, two vaccines remained authorized by the FDA for emergency use:

- Moderna COVID-19 Vaccine[28]
- Janssen (Johnson & Johnson) COVID-19 Vaccine[29]

According to the FDA, an EUA is an "emergency access mechanism…to justify the emergency use of drugs and biological products."[30] Drugs and biological products are authorized for emergency use when "there are no adequate, approved, and available alternatives."[31]

The Moderna and Janssen vaccines received EUA on December 18, 2020, and February 27, 2021, respectively.[32] The Moderna vaccine is authorized for emergency use in individuals 18 years of age or older and "is administered as a 2-dose series, 1 month apart."[33] The Janssen vaccine is authorized for emergency use in individuals 18 years of age or older and "is administered as a single dose."[34]

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[27] VA, *COVID-19 Vaccination Plan for the Veterans Health Administration*, December 14, 2020.

[28] FDA, letter to ModernaTX, Inc., February 25, 2021, accessed March 18, 2021, https://www.fda.gov.

[29] FDA, letter to Janssen Biotech, Inc., February 27, 2021, accessed March 18, 2021, https://www.fda.gov. FDA, *Fact Sheet for Recipients and Caregivers, Emergency Use Authorization (EUA) of the Janssen COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) in Individuals 18 Years of Age and Older*, February 27, 2021. The Janssen vaccine is produced by Janssen Biotech, Inc., a Janssen Pharmaceutical Company of Johnson & Johnson.

[30] FDA, *Fact Sheet for Recipients and Caregivers, Emergency Use Authorization (EUA) of the Janssen COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) in Individuals 18 Years of Age and Older*.

[31] "Emergency Use Authorization for Vaccines Explained," FDA, accessed May 21, 2021, https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained.

[32] FDA, letters to ModernaTX, Inc. and Janssen Biotech, Inc.

[33] FDA, *Fact Sheet for Recipients and Caregivers, Emergency Use Authorization (EUA) of the Moderna COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) in Individuals 18 Years of Age and Older*, December 2020.

[34] FDA, *Fact Sheet for Recipients and Caregivers, Emergency Use Authorization (EUA) of the Janssen COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) in Individuals 18 Years of Age and Older*.

The Pfizer-BioNTech vaccine received EUA on December 11, 2020, and was authorized to be administered "as a 2-dose series, 3 weeks apart" for use in individuals 16 years of age or older.[35] The vaccine received full FDA approval on August 23, 2021, for administration to individuals 16 years of age and older.[36]

VA announced initial COVID-19 vaccine distribution plans in December 2020.[37] During the first two weeks of vaccine administration (December 14–27, 2020), VA administered the first doses "to more than 5,000 Veterans residing in its Community Living Centers and Spinal Cord Injury and Disorders Centers and more than 50,000 health care employees."[38] Approximately seven weeks later on February 17, 2021, VA reported vaccinating its one millionth veteran with their initial dose.[39] As of the week of March 15, 2021, VA reported vaccinating two million veterans with at least one dose of the vaccine.[40] As of July 1, 2021, nearly three million veterans were fully vaccinated.[41] Tables 6–7 summarize VISN 1's and VISN 8's vaccinations efforts as of July 1, 2021.

[35] FDA, letter to Pfizer Inc., February 25, 2021, accessed March 18, 2021, https://www.fda.gov. FDA, *Fact Sheet for Recipients and Caregivers, Emergency Use Authorization (EUA) of the Pfizer-BioNTech COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) in Individuals 16 Years of Age and Older*, February 25, 2021.

[36] FDA, "FDA Approves First COVID-19 Vaccine," news release, August 23, 2021, accessed September 2, 2021, https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine.

[37] VA, "VA to begin COVID-19 vaccinations at 128 additional sites," news release, December 21, 2020, accessed March 18, 2021, https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5591. VA, "VA receives Janssen COVID-19 vaccine," March 4, 2021, accessed March 18, 2021, https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5632.

[38] VA, "VA Administers Over 55,000 COVID-19 Vaccine Doses in Two Weeks," December 30, 2020, accessed March 18, 2021, https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5596. VA OIG, *Inconsistent Documentation and Management of COVID-19 Vaccinations for Community Living Center Residents*, Memorandum No. 21-00913-91, April 14, 2021. The OIG issued a management advisory memorandum noting opportunities for VHA to provide national guidance for more comprehensive and consistent data collection to ensure CLCs routinely track COVID-19 vaccination refusals and contraindications in a consistent manner.

[39] VA, "VA Reaches Milestone Vaccinating its 1 Millionth Veteran," news release, February 17, 2021, accessed March 18, 2021, https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5622.

[40] VHA, email from the VHA Chief of Staff, received March 19, 2021.

[41] VA, *Department of Veterans Affairs COVID-19 National Summary*, accessed July 1, 2021, https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary.

Table 6. VISN 1 COVID-19 Vaccine Administrations (as of July 1, 2021)

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)*	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)‡
Veteran	130,422	125,698	6,972
Employee	15,379	14,957	460‖
Federal Partner§	456‖	433‖	58‖

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021). Department of Veterans Affairs COVID-19 National Summary Definitions (accessed March 18, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

***** *"Dose 1 of 2" are the number of "initial dose[s] of a 2-dose vaccine series, that is, Pfizer or Moderna."*
"Dose 2 of 2" are the number of "final dose[s] of a 2-dose series."
‡ *"Dose 1 of 1" are the number of "single dose[s] needed for the Janssen vaccine."*
§ *"Federal Partners include Front Line Staff and First Responders that work in other agencies and were directed to receive their vaccination at a VA facility."*
‖ *This is an approximated value based on reported vaccinations by facility (see appendix B).*

Table 7. VISN 8 COVID-19 Vaccine Administrations (as of July 1, 2021)

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)
Veteran	319,274	305,353	20,437
Employee	26,674	25,230	1,157
Federal Partner	3,486	3,784	289*

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

***** *This is an approximated value based on reported vaccinations by facility (see appendix B).*

All facilities used a combination of available vaccines as of July 1, 2021 (see appendixes B and C, tables B.12–B.19 and C.11–C.17) and had fully vaccinated roughly 52 percent of patients within each VISN (see appendix A, table A.1 for the number of unique patients in VISNs 1 and 8).

Conclusion

The OIG examined the pandemic readiness and response of VISN 1 and 8 facilities based on healthcare inspections performed between January 1 through March 31, 2021. Although facility leaders described varying degrees of strain created by the number of COVID-19-positive patients at the time of the OIG's inspections, the VISNs were in the midst of VA's third pandemic peak, which was longer and involved more patients than the previous peaks.

The intent of this report is to provide some useful snapshots of the fluctuating and unprecedented demands posed by the pandemic on VA medical facilities. It also shares leader and staff experiences, assessments, and shared sentiments to help improve ongoing and future operations and clinical care during health crises. The COVID-19 pandemic continues to reshape the landscape of healthcare delivery worldwide. This report aims to provide the nation's largest integrated healthcare system with relevant information to use in its efforts toward innovation and transformation to meet the healthcare needs of our nation's veterans.

Appendix A: VHA and VISN Profiles

The table below provides general background information for VHA and VISNs 1 and 8.

Table A.1. Profiles for VHA and VISNs 1 and 8 (October 1, 2019, through September 30, 2020)

Profile Element	VHA	VISN 1	VISN 8
Total medical care budget	$81,870,319,580	$3,673,147,632	$7,103,013,544
Number of:			
• Unique patients	6,447,211	252,351	619,733
• Outpatient visits	81,305,962	3,304,971	8,498,707
Type and number of operating beds:			
• Blind rehabilitation	243	10	25
• Community living center	13,053	611	869
• Domiciliary	7,219	200	437
• Intermediate	152	23	0
• Medicine	6,885	257	810
• Mental Health	3,434	317	244
• Neurology	99	8	11
• Rehabilitation medicine	439	5	100
• Residential rehabilitation	548	91	0
• Spinal cord injury	1,222	64	156
• Surgery	2,661	91	295
Average daily census:			
• Blind rehabilitation	75	4	7
• Community living center	7,622	395	516
• Domiciliary	3,320	92	209
• Intermediate	37	7	1
• Medicine	4,518	170	519
• Mental Health	1,830	190	154
• Neurology	40	3	5
• Rehabilitation medicine	184	2	50
• Residential rehabilitation	268	49	n/a
• Spinal cord injury	596	41	102

Profile Element	VHA	VISN 1	VISN 8
• Surgery	860	36	85

Source: VHA Support Service Center (accessed August 23, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

n/a = not applicable.

Appendix B: VISN 1 Facility-Specific Data

Table B.1. VISN 1 Testing and Results
(March 11, 2020, through June 30, 2021)

Surveillance Element	Bedford, MA	Manchester, NH	Providence, RI	Boston, MA	West Haven, CT	Leeds, MA	Augusta, ME	White River Junction, VT
Total Cases	5,628	4,146	6,906	15,748	15,678	3,938	7,494	4,205
• Positive Cases*	862	697	1,276	2,242	2,199	802	749	315
• Negative Cases	4,529	3,239	5,448	12,881	12,569	2,935	6,536	3,792
• Pending Cases	237	210	182	625	910	201	209	98

Source: Department of Veterans Affairs National Surveillance Tool: COVID-19 Facility Detail (accessed July 1, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed December 3, 2020).

Note: The OIG did not assess VA's data for accuracy or completeness.

**The number of positive cases includes "all VA confirmed and presumptive positive Veterans, Veteran employees, employees, and civilian humanitarian cases whose results have been included in VA data or who were tested in the VA system. This includes all positive labs (SARS-CoV-2019)…This also includes cases tested outside of the VA system but captured through the NST [National Surveillance Tool] classification system, which incorporates both artificial intelligence and human review. A recurrent case may occur if a patient has another positive test after a testing gap of more than 30 days."*

Table B.2. Status of VISN 1 Positive Cases (March 11, 2020, through June 30, 2021)

Surveillance Element	Bedford, MA	Manchester, NH	Providence, RI	Boston, MA	West Haven, CT	Leeds, MA	Augusta, ME	White River Junction, VT
Active*	1	1	3	3	4	1	2	1
Convalescent	810	663	1,185	2,107	2,090	744	714	299
Known Death‡	51	33	88	132	105	57	33	15
• Inpatient	28	0	21	51	26	0	7	2
• Other	23	33	67	81	79	57	26	13

Source: Department of Veterans Affairs National Surveillance Tool: COVID-19 Facility Detail (accessed July 1, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed December 3, 2020).

Note: The OIG did not assess VA's data for accuracy or completeness.

*****The number of active cases are patients that were "tested or treated at a VA facility for known or probable COVID-19 who have neither died nor reached convalescent status."*

Convalescent cases represent the patients "tested or treated at a VA facility for known or probable COVID-19 who are either a post-hospital discharge or 14 days past their first positive test, whichever comes later."

‡*Known deaths are "all deaths (all cause), among patients tested or treated at a VA facility, that occur within 30 days of a known COVID positive determination…'Inpatient' indicates that the death occurred in a 'VA' hospital." "Other" indicates "the death was reported to VA but occurred elsewhere."*

Table B.3. Patient Types of VISN 1 Positive Cases (March 11, 2020, through June 30, 2021)

Surveillance Element	Bedford, MA	Manchester, NH	Providence, RI	Boston, MA	West Haven, CT	Leeds, MA	Augusta, ME	White River Junction, VT
Veteran	639	668	1,185	1,873	2,119	762	693	306
Employee	212	26	67	335	67	32	50	8
Veteran-Employee	6	0	3	11	1	1	3	0
All Other*	5	3	21	23	12	7	3	1

Source: Department of Veterans Affairs National Surveillance Tool: COVID-19 Facility Detail (accessed July 1, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed December 3, 2020).

Note: The OIG did not assess VA's data for accuracy or completeness.

***** *"All Other" includes "civilians admitted to VA hospitals as humanitarian cases, Tricare patients, Active Duty Military, and other groups."*

Table B.4. Edith Nourse Rogers Memorial Veterans' Hospital Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)

Clinic Group	Total Cancellations*	Cancellations Due to COVID-19	Follow-Up Found‡	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up§
Primary Care/Medicine	11,075	2,139	10,582	493	4
Mental Health Individual Clinic	10,138	811	9,928	210	2
Dental	7,622	3,517	6,807	815	11
Optometry	6,386	2,467	4,760	1,626	25
General Internal Medicine	5,622	442	4,370	1,252	22

Source: VHA Support Service Center (accessed July 1, 2021). COVID-19 Cancellations definitions (accessed January 11, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

***** *"Total Cancellations" are "[t]he number of appointments with COVID in the cancellation remarks or was cancelled/no showed on or after 3/1/2020."*

"Cancellations Due to COVID-19" include those with "COVID" in the cancellation remarks.

‡ *"Follow-Up Found" refers to when "One or more of the following is found: Clerk indicated conversion, Has Rescheduled Appt, Has Visit, Has RTC [return to clinic] Entered, Has Recall Activity, Has Consult Activity, Has Appt or Visit in Same Location, Has Appt or Visit in Same Stop Code Combo, Has Factor, [or] Has Closure Factor."*

§ *The OIG calculated the "Percent of Cancelled Appointments Without Follow-Up."*

Table B.5. Manchester VA Medical Center Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)*

Clinic	Total Cancellations	Cancellations Due to COVID-19	Follow-Up Found	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up
Primary Care/Medicine	22,413	3,765	21,432	981	4
Optometry	9,949	3,619	9,536	413	4
Telephone Mental Health	8,562	144	8,187	375	4
Telephone Primary Care	7,584	287	7,209	375	5
Podiatry	6,612	2,825	5,878	734	11

Source: VHA Support Service Center (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for appointment cancellation and follow-up terms are provided in notes for Table B.4.*

Table B.6. Providence VA Medical Center Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)*

Clinic	Total Cancellations	Cancellations Due to COVID-19	Follow-Up Found	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up
Primary Care/Medicine	39,559	10,561	35,919	3,640	9
Mental Health Individual Clinic	17,638	2,532	17,203	435	2
Optometry	13,875	4,518	12,120	1,755	13
Podiatry	10,111	4,258	8,433	1,678	17
Telephone Mental Health	8,069	232	7,895	174	2

Source: VHA Support Service Center (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for appointment cancellation and follow-up terms are provided in notes for Table B.4.*

Table B.7. VA Boston Healthcare System Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)*

Clinic	Total Cancellations	Cancellations Due to COVID-19	Follow-Up Found	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up
Primary Care/Medicine	38,002	7,716	35,791	2,211	6
Optometry	18,604	6,390	16,053	2,551	14
Mental Health Individual Clinic	15,588	2,478	15,303	285	2
Telephone Primary Care	12,830	731	12,217	613	5
Ophthalmology	12,387	2,958	11,358	1,029	8

Source: VHA Support Service Center (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for appointment cancellation and follow-up terms are provided in notes for Table B.4.*

Table B.8. VA Central Western Massachusetts Healthcare System Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)*

Clinic	Total Cancellations	Cancellations Due to COVID-19	Follow-Up Found	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up
Primary Care/Medicine	26,310	7,137	24,767	1,543	6
Telephone Mental Health	16,313	255	15,638	675	4
Optometry	16,071	8,628	15,305	766	5
Mental Health Individual Clinic	14,550	1,270	14,272	278	2
Podiatry	10,733	5,274	9,834	899	8

Source: VHA Support Service Center (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for appointment cancellation and follow-up terms are provided in notes for Table B.4.*

Table B.9. VA Connecticut Healthcare System Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)*

Clinic	Total Cancellations	Cancellations Due to COVID-19	Follow-Up Found	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up
Primary Care/Medicine	35,710	6,673	34,929	781	2
Telephone Primary Care	25,366	752	24,457	909	4
Optometry	22,299	11,185	20,084	2,215	10
Telephone Mental Health	18,062	746	17,195	867	5
Dental	12,051	5,844	11,431	620	5

Source: VHA Support Service Center (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for appointment cancellation and follow-up terms are provided in notes for Table B.4.*

Table B.10. VA Maine Healthcare System Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)*

Clinic	Total Cancellations	Cancellations Due to COVID-19	Follow-Up Found	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up
Primary Care/Medicine	32,585	7,846	30,791	1,794	6
Mental Health Individual Clinic	13,961	1,881	13,501	460	3
Telephone Mental Health	12,966	118	12,260	706	5
Optometry	11,192	5,238	10,268	924	8
Telephone Primary Care	11,108	456	10,592	516	5

Source: VHA Support Service Center (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for appointment cancellation and follow-up terms are provided in notes for Table B.4.*

Table B.11. White River Junction VA Medical Center Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)*

Clinic	Total Cancellations	Cancellations Due to COVID-19	Follow-Up Found	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up
Primary Care/Medicine	17,053	3,735	16,357	696	4
Optometry	8,522	3,480	7,736	786	9
Telephone Primary Care	7,804	313	7,421	383	5
Mental Health Individual Clinic	6,249	520	6,140	109	2
Telephone Mental Health	5,995	50	5,766	229	4

Source: VHA Support Service Center (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for appointment cancellation and follow-up terms are provided in notes for Table B.4.*

Table B.12. Edith Nourse Rogers Memorial Veterans Hospital COVID-19 Vaccine Administrations (as of July 1, 2021)

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)*	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)‡
Veteran	16,741	16,574	192
Employee	1,876	1,795	10
Federal Partners§	23	22	<10

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021). Department of Veterans Affairs COVID-19 National Summary Definitions (accessed March 18, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

***** *"Dose 1 of 2" are the number of "initial dose[s] of a 2-dose vaccine series, that is, Pfizer or Moderna." "Dose 2 of 2" are the number of "final dose[s] of a 2-dose series."*

‡ *"Dose 1 of 1" are the number of "single dose[s] needed for the Janssen vaccine."*

§ *"Federal Partners include Front Line Staff and First Responders that work in other agencies and were directed to receive their vaccination at a VA facility."*

Table B.13. Manchester VA Medical Center COVID-19 Vaccine Administrations (as of July 1, 2021)*

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)
Veteran	10,606	10,290	1,033
Employee	873	855	107
Federal Partners	10	<10	28

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

***** *Definitions for doses and federal partners are provided in notes for Table B.12.*

Table B.14. Providence VA Medical Center COVID-19 Vaccine Administrations (as of July 1, 2021)*

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)
Veteran	17,612	16,765	629
Employee	1,623	1,582	<10
Federal Partners	53	51	<10

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for doses and federal partners are provided in notes for Table B.12.*

Table B.15. VA Boston Healthcare System COVID-19 Vaccine Administrations (as of July 1, 2021)*

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)
Veteran	19,483	18,958	563
Employee	4,397	4,252	72
Federal Partners	18	16	<10

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for doses and federal partners are provided in notes for Table B.12.*

Table B.16. VA Connecticut Healthcare System COVID-19 Vaccine Administrations (as of July 1, 2021)*

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)
Veteran	27,319	26,669	632
Employee	3,036	2,999	12
Federal Partners	70	69	<10

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for doses and federal partners are provided in notes for Table B.12.*

Table B.17. VA Central Western Massachusetts Healthcare System COVID-19 Vaccine Administrations (as of July 1, 2021)*

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)
Veteran	11,792	11,050	1,116
Employee	1,052	1,027	30
Federal Partners	<10	<10	<10

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for doses and federal partners are provided in notes for Table B.12.*

Table B.18. VA Maine Healthcare System COVID-19 Vaccine Administrations (as of July 1, 2021)*

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)
Veteran	17,489	16,347	1,813
Employee	1,323	1,268	172
Federal Partners	<10	<10	0

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for doses and federal partners are provided in notes for Table B.12.*

Table B.19. White River Junction VA Medical Center COVID-19 Vaccine Administrations (as of July 1, 2021)*

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)
Veteran	9,380	9,045	994
Employee	1,199	1,179	52
Federal Partners	272	260	<10

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for doses and federal partners are provided in notes for Table B.12.*

Appendix C: VISN 8 Facility-Specific Data

Table C.1. VISN 8 Testing and Results
(March 11, 2020, through June 30, 2021)

Surveillance Element	Bay Pines, FL	Tampa, FL	Miami, FL	Gainesville, FL	Orlando, FL	San Juan, PR	West Palm Beach, FL
Total Cases	28,762	27,726	14,184	24,512	30,952	19,064	15,768
• Positive Cases*	3,469	3,399	2,385	4,162	4,610	1,258	1,925
• Negative Cases	24,072	23,999	11,618	20,096	26,036	17,663	13,557
• Pending Cases	1,221	328	181	254	306	143	286

Source: Department of Veterans Affairs National Surveillance Tool: COVID-19 Facility Detail (accessed July 1, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed December 3, 2020).

Note: The OIG did not assess VA's data for accuracy or completeness.

*****The number of positive cases includes "all VA confirmed and presumptive positive Veterans, Veteran employees, employees, and civilian humanitarian cases whose results have been included in VA data or who were tested in the VA system. This includes all positive labs (SARS-CoV-2019)…This also includes cases tested outside of the VA system but captured through the NST [National Surveillance Tool] classification system, which incorporates both artificial intelligence and human review. A recurrent case may occur if a patient has another positive test after a testing gap of more than 30 days."*

Table C.2. Status of VISN 8 Positive Cases (March 11, 2020, through June 30, 2021)

Surveillance Element	Bay Pines, FL	Tampa, FL	Miami, FL	Gainesville, FL	Orlando, FL	San Juan, PR	West Palm Beach, FL
Active*	21	28	16	30	36	5	14
Convalescent	3,322	3,221	2,307	3,950	4,473	1,198	1,836
Known Death‡	126	150	62	182	101	55	75
• Inpatient	38	71	19	70	31	42	32
• Other	88	79	43	112	70	13	43

Source: Department of Veterans Affairs National Surveillance Tool: COVID-19 Facility Detail (accessed July 1, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed December 3, 2020).

Note: The OIG did not assess VA's data for accuracy or completeness.

*****The number of active cases are patients that were "tested or treated at a VA facility for known or probable COVID-19 who have neither died nor reached convalescent status."*

Convalescent cases represent the patients "tested or treated at a VA facility for known or probable COVID-19 who are either a post-hospital discharge or 14 days past their first positive test, whichever comes later."

‡*Known deaths are "all deaths (all cause), among patients tested or treated at a VA facility, that occur within 30 days of a known COVID positive determination…'Inpatient' indicates that the death occurred in a 'VA' hospital." "Other" indicates "the death was reported to VA but occurred elsewhere."*

Table C.3. Patient Types of VISN 8 Positive Cases (March 11, 2020, through June 30, 2021)

Surveillance Element	Bay Pines, FL	Tampa, FL	Miami, FL	Gainesville, FL	Orlando, FL	San Juan, PR	West Palm Beach, FL
Veteran	3,156	3,034	2,006	3,762	4,275	1,055	1,686
Employee	296	316	297	354	282	188	207
Veteran-Employee	2	4	6	3	3	1	9
All Other*	15	45	76	43	50	14	23

Source: Department of Veterans Affairs National Surveillance Tool: COVID-19 Facility Detail (accessed July 1, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed December 3, 2020).

Note: The OIG did not assess VA's data for accuracy or completeness.

***** *"All Other" includes "civilians admitted to VA hospitals as humanitarian cases, Tricare patients, Active Duty Military, and other groups."*

Table C.4. Bay Pines VA Healthcare System Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)

Clinic Group	Total Cancellations*	Cancellations Due to COVID-19	Follow-Up Found‡	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up§
Primary Care/Medicine	122,906	20,575	115,964	6,942	6
Optometry	42,335	9,056	37,748	4,587	11
Telephone Primary Care	32,675	1,364	31,993	682	2
Telephone Mental Health	26,828	544	25,540	1,288	5
Mental Health Individual Clinic	24,528	5,537	23,671	857	3

Source: VHA Support Service Center (accessed July 1, 2021). COVID-19 Cancellations definitions (accessed January 11, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

***** *"Total Cancellations" are "[t]he number of appointments with COVID in the cancellation remarks or was cancelled/no showed on or after 3/1/2020."*

"Cancellations Due to COVID-19" include those with "COVID" in the cancellation remarks.

‡ *"Follow-Up Found" refers to when "One or more of the following is found: Clerk indicated conversion, Has Rescheduled Appt, Has Visit, Has RTC [return to clinic] Entered, Has Recall Activity, Has Consult Activity, Has Appt or Visit in Same Location, Has Appt or Visit in Same Stop Code Combo, Has Factor, [or] Has Closure Factor."*

§ *The OIG calculated the "Percent of Cancelled Appointments Without Follow-Up."*

Table C.5. James A. Haley Veterans' Hospital Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)*

Clinic	Total Cancellations	Cancellations Due to COVID-19	Follow-Up Found	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up
Primary Care/Medicine	109,494	17,794	104,129	5,365	5
Mental Health Individual Clinic	55,790	1,583	53,330	2,460	4
Ophthalmology	40,993	7,789	35,139	5,854	14
Telephone Primary Care	21,543	1,533	20,905	638	3
Dental	19,392	5,196	18,337	1,055	5

Source: VHA Support Service Center (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for appointment cancellation and follow-up terms are provided in notes for Table C.4.*

Table C.6. Miami VA Healthcare System Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)*

Clinic	Total Cancellations	Cancellations Due to COVID-19	Follow-Up Found	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up
Primary Care/Medicine	50,783	11,067	46,516	4,267	8
Telephone Primary Care	34,051	3,901	32,907	1,144	3
Mental Health Individual Clinic	24,302	3,703	23,206	1,096	5
Optometry	22,792	4,627	18,204	4,588	20
Telephone Mental Health	18,885	708	17,611	1,274	7

Source: VHA Support Service Center (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for appointment cancellation and follow-up terms are provided in notes for Table C.4.*

Table C.7. North Florida/South Georgia Health System Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)*

Clinic	Total Cancellations	Cancellations Due to COVID-19	Follow-Up Found	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up
Primary Care/Medicine	210,236	51,185	196,930	13,306	6
Mental Health Individual Clinic	68,698	16,110	65,041	3,657	5
Optometry	48,261	16,284	40,482	7,779	16
Dental	27,905	10,256	25,615	2,290	8
Podiatry	27,685	6,867	22,478	5,207	19

Source: VHA Support Service Center (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for appointment cancellation and follow-up terms are provided in notes for Table C.4.*

Table C.8. Orlando VA Medical Center Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)*

Clinic	Total Cancellations	Cancellations Due to COVID-19	Follow-Up Found	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up
Primary Care/Medicine	127,097	16,472	122,117	4,980	4
Mental Health Individual Clinic	76,195	8,036	73,553	2,642	3
Telephone Primary Care	36,268	886	35,666	602	2
Optometry	33,440	7,467	30,598	2,842	8
Dental	33,019	10,188	31,009	2,010	6

Source: VHA Support Service Center (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for appointment cancellation and follow-up terms are provided in notes for Table C.4.*

Table C.9. VA Caribbean Healthcare System Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)*

Clinic	Total Cancellations	Cancellations Due to COVID-19	Follow-Up Found	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up
Primary Care/Medicine	125,108	76,293	123,153	1,955	2
Telephone Primary Care	79,531	13,349	78,130	1,401	2
Mental Health Individual Clinic	52,975	39,904	52,679	296	1
Telephone Mental Health	35,376	10,170	34,824	552	2
Ophthalmology	29,822	18,924	28,203	1,619	5

Source: VHA Support Service Center (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for appointment cancellation and follow-up terms are provided in notes for Table C.4.*

Table C.10. West Palm Beach VA Medical Center Top Five Clinic Cancellations (March 1, 2020, through June 30, 2021)*

Clinic	Total Cancellations	Cancellations Due to COVID-19	Follow-Up Found	No Follow-Up Found	Percent of Cancelled Appointments Without Follow-Up
Primary Care/Medicine	78,727	15,132	74,315	4,412	6
Mental Health Individual Clinic	31,240	11,352	30,382	858	3
Telephone Primary Care	20,741	1,348	19,722	1,019	5
Ophthalmology	16,448	4,726	13,945	2,503	15
Dental	15,542	5,831	14,273	1,269	8

Source: VHA Support Service Center (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for appointment cancellation and follow-up terms are provided in notes for Table C.4.*

Table C.11. Bay Pines VA Healthcare System COVID-19 Vaccine Administrations (as of July 1, 2021)

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)*	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)‡
Veteran	57,661	55,249	4,477
Employee	3,483	3,255	277
Federal Partners§	166	162	<10

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021). Department of Veterans Affairs COVID-19 National Summary Definitions (accessed March 18, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

* *"Dose 1 of 2" are the number of "initial dose[s] of a 2-dose vaccine series, that is, Pfizer or Moderna." "Dose 2 of 2" are the number of "final dose[s] of a 2-dose series."*

‡ *"Dose 1 of 1" are the number of "single dose[s] needed for the Janssen vaccine."*

§ *"Federal Partners include Front Line Staff and First Responders that work in other agencies and were directed to receive their vaccination at a VA facility."*

Table C.12. James A. Haley Veterans' Hospital COVID-19 Vaccine Administrations (as of July 1, 2021)*

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)
Veteran	53,049	49,378	3,721
Employee	5,377	5,063	110
Federal Partners	14	14	<10

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for doses and federal partners are provided in notes for Table C.11.*

Table C.13. Miami VA Healthcare System COVID-19 Vaccine Administrations (as of July 1, 2021)*

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)
Veteran	25,026	24,084	1,345
Employee	2,203	2,083	89
Federal Partners	2,472	2,433	28

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for doses and federal partners are provided in notes for Table C.11.*

Table C.14. North Florida/South Georgia Healthcare System COVID-19 Vaccine Administrations (as of July 1, 2021)*

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)
Veteran	61,070	57,845	4,111
Employee	3,997	3,750	201
Federal Partners	94	89	<10

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for doses and federal partners are provided in notes for Table C.11.*

Table C.15. Orlando VA Healthcare System COVID-19 Vaccine Administrations (as of July 1, 2021)*

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)
Veteran	59,729	57,647	4,104
Employee	4,899	4,693	331
Federal Partners	973	964	<10

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for doses and federal partners are provided in notes for Table C.11.*

Table C.16. VA Caribbean Healthcare System COVID-19 Vaccine Administrations (as of July 1, 2021)*

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)
Veteran	35,970	34,963	1,247
Employee	4,473	4,344	25
Federal Partners	21	20	236

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for doses and federal partners are provided in notes for Table C.11.*

Table C.17. West Palm Beach VA Medical Center COVID-19 Vaccine Administrations (as of July 1, 2021)*

Individuals Receiving Vaccinations	Dose 1 of 2 (Pfizer or Moderna)	Dose 2 of 2 (Pfizer or Moderna)	Dose 1 of 1 (Janssen)
Veteran	26,769	26,187	1,432
Employee	2,242	2,042	124
Federal Partners	106	102	<10

Source: Department of Veterans Affairs COVID-19 National Summary (accessed July 1, 2021).

Note: The OIG did not assess VA's data for accuracy or completeness.

**Definitions for doses and federal partners are provided in notes for Table C.11.*

Appendix D: VISN 1 OIG Survey Results

Table D.1. VISN 1 OIG Survey Respondents

Respondent Indication	Bedford, MA	Manchester, NH	Providence, RI	Boston, MA	West Haven, CT	Leeds, MA	Augusta, ME	White River Junction, VT
Clinical	103	253	246	478	366	172	285	247
Nonclinical	95	175	162	388	288	124	195	167
No Selection	4	6	9	13	12	2	6	12
Total	**202**	**434**	**417**	**879**	**666**	**298**	**486**	**426**
Approximate Number of Staff at the Time of Inspection	1,586	996	1,760	5,573	3,488	1,087	1,662	1,343
Approximate Response Rate	**13%**	**44%**	**24%**	**16%**	**19%**	**27%**	**29%**	**32%**

Source: VA OIG.

Table D.2. VISN 1 Respondents' Assessment of Communication and Personal Protective Equipment Availability

Question	Bedford, MA	Manchester, NH	Providence, RI	Boston, MA	West Haven, CT	Leeds, MA	Augusta, ME	White River Junction, VT
Communication: Do you feel that you received adequate communication about how to ensure your own safety at work during the COVID-19 pandemic from facility leaders?	72%	88%	84%	91%	92%	88%	87%	87%

Question	Bedford, MA	Manchester, NH	Providence, RI	Boston, MA	West Haven, CT	Leeds, MA	Augusta, ME	White River Junction, VT
Communication: Do you feel that you received adequate communication about how to ensure your own safety at work during the COVID-19 pandemic from your immediate supervisor?	81%	86%	88%	89%	87%	87%	88%	86%
Communication: Do you feel that you received adequate communication about how to ensure the safety of patients during the COVID-19 pandemic from facility leaders?	71%	90%	84%	89%	90%	88%	87%	85%
Communication: Do you feel that you received adequate communication about how to ensure the safety of patients during the COVID-19 pandemic from your immediate supervisor?	77%	88%	88%	86%	87%	87%	88%	85%
PPE: Did you have access to appropriate PPE necessary to ensure your own safety at work during the COVID-19 pandemic?	81%	89%	91%	91%	90%	91%	94%	89%

Source: VA OIG.

Note: Values represent the percent of "yes" responses across all respondents (clinical, nonclinical, and no selection).

Table D.3. Identified Trends Among VISN 1 Respondents' Comments on Facility Readiness and Response

Question	Bedford, MA	Manchester, NH	Providence, RI	Boston, MA	West Haven, CT	Leeds, MA	Augusta, ME	White River Junction, VT
What lessons were learned during the facility's pandemic response?	• Importance of communication • Importance of flexibility	• Importance of communication • Importance of teamwork • Telehealth is a viable option for delivering clinical care	• Importance of communication • Importance of flexibility • Importance of teamwork • Telehealth is a viable option for delivering clinical care	• Importance of communication • Importance of flexibility • Importance of teamwork • Telework can be effective	• Importance of communication • Importance of flexibility • Importance of teamwork • Telework can be effective	• Importance of communication • Importance of flexibility • Importance of teamwork • Telehealth is a viable option for delivering clinical care	• Importance of communication • Importance of teamwork	• Importance of communication • Importance of flexibility • Importance of teamwork • Telework can be effective

Source: VA OIG.

Note: Summarized responses include general themes identified by the OIG among free-text comments made by all respondents.

Appendix E: VISN 8 OIG Survey Results

Table E.1. VISN 8 OIG Survey Respondents

Respondent Indication	Bay Pines, FL	Tampa, FL	Miami, FL	Gainesville, FL	Orlando, FL	San Juan, PR	West Palm Beach, FL
Clinical	324	508	243	459	599	326	224
Nonclinical	204	292	176	330	300	207	159
No Selection	8	20	12	12	18	12	7
Total	**536**	**820**	**431**	**801**	**917**	**545**	**390**
Approximate Number of Staff at the Time of Inspection	5,155	6,521	3,329	6,373	5,369	4,378	2,851
Approximate Response Rate	**10%**	**13%**	**13%**	**13%**	**17%**	**12%**	**14%**

Source: VA OIG.

Table E.2. VISN 8 Respondents' Assessment of Communication and Personal Protective Equipment Availability

Question	Bay Pines, FL	Tampa, FL	Miami, FL	Gainesville, FL	Orlando, FL	San Juan, PR	West Palm Beach, FL
Communication: Do you feel that you received adequate communication about how to ensure your own safety at work during the COVID-19 pandemic from facility leaders?	85%	87%	80%	79%	87%	76%	78%

Question	Bay Pines, FL	Tampa, FL	Miami, FL	Gainesville, FL	Orlando, FL	San Juan, PR	West Palm Beach, FL
Communication: Do you feel that you received adequate communication about how to ensure your own safety at work during the COVID-19 pandemic from your immediate supervisor?	81%	84%	79%	80%	85%	75%	78%
Communication: Do you feel that you received adequate communication about how to ensure the safety of patients during the COVID-19 pandemic from facility leaders?	83%	87%	78%	79%	87%	78%	79%
Communication: Do you feel that you received adequate communication about how to ensure the safety of patients during the COVID-19 pandemic from your immediate supervisor?	82%	83%	78%	79%	85%	76%	79%
PPE: Did you have access to appropriate PPE necessary to ensure your own safety at work during the COVID-19 pandemic?	86%	88%	83%	85%	86%	85%	86%

Source: VA OIG.

Note: Values represent the percent of "yes" responses across all respondents (clinical, nonclinical, and no selection).

Table E.3. Identified Trends Among VISN 8 Respondents' Comments on Facility Readiness and Response

Question	Bay Pines, FL	Tampa, FL	Miami, FL	Gainesville, FL	Orlando, FL	San Juan, PR	West Palm Beach, FL
What lessons were learned during the facility's pandemic response?	• Importance of communication • Importance of preparation • Need for PPE inventory • Importance of teamwork	• Importance of communication • Importance of flexibility • Importance of teamwork • Telehealth is a viable option for delivering clinical care • Telework can be effective	• Importance of communication • Importance of teamwork • Telework can be effective	• Importance of communication • Importance of flexibility • Need for PPE inventory • Importance of teamwork • Telehealth is a viable option for delivering clinical care	• Importance of communication • Importance of flexibility • Importance of teamwork • Telework can be effective	• Importance of communication • Importance of flexibility • Importance of teamwork • Telehealth is a viable option for delivering clinical care • Telework can be effective	• Importance of communication • Importance of teamwork • Telework can be effective

Source: VA OIG.

Note: Summarized responses include general themes identified by the OIG among free-text comments made by all respondents.

Appendix F: Office of the Under Secretary for Health Comments

Department of Veterans Affairs Memorandum

Date: October 15, 2021

From: Acting Under Secretary for Health (10)

Subj: OIG Draft Report, Comprehensive Healthcare Inspection of Facilities' COVID-19 Pandemic Readiness and Response in VISNs 1 and 8 (VIEWS # 6106582)

To: Assistant Inspector General for Healthcare Inspections (54)

1. Thank you for the opportunity to review and comment on the Office of Inspector General (OIG) draft report Comprehensive Healthcare Inspection of Facilities' COVID-19 Pandemic Readiness and Response in VISNs 1 and 8. The Veterans Health Administration (VHA) concurs with the report.
2. Comments regarding the contents of this memorandum may be directed to the GAO OIG Accountability Liaison Office at VHA10BGOALACTION@va.gov.

(Original signed by:)

Steven L. Lieberman, M.D.

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