



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 2, 5, and 6



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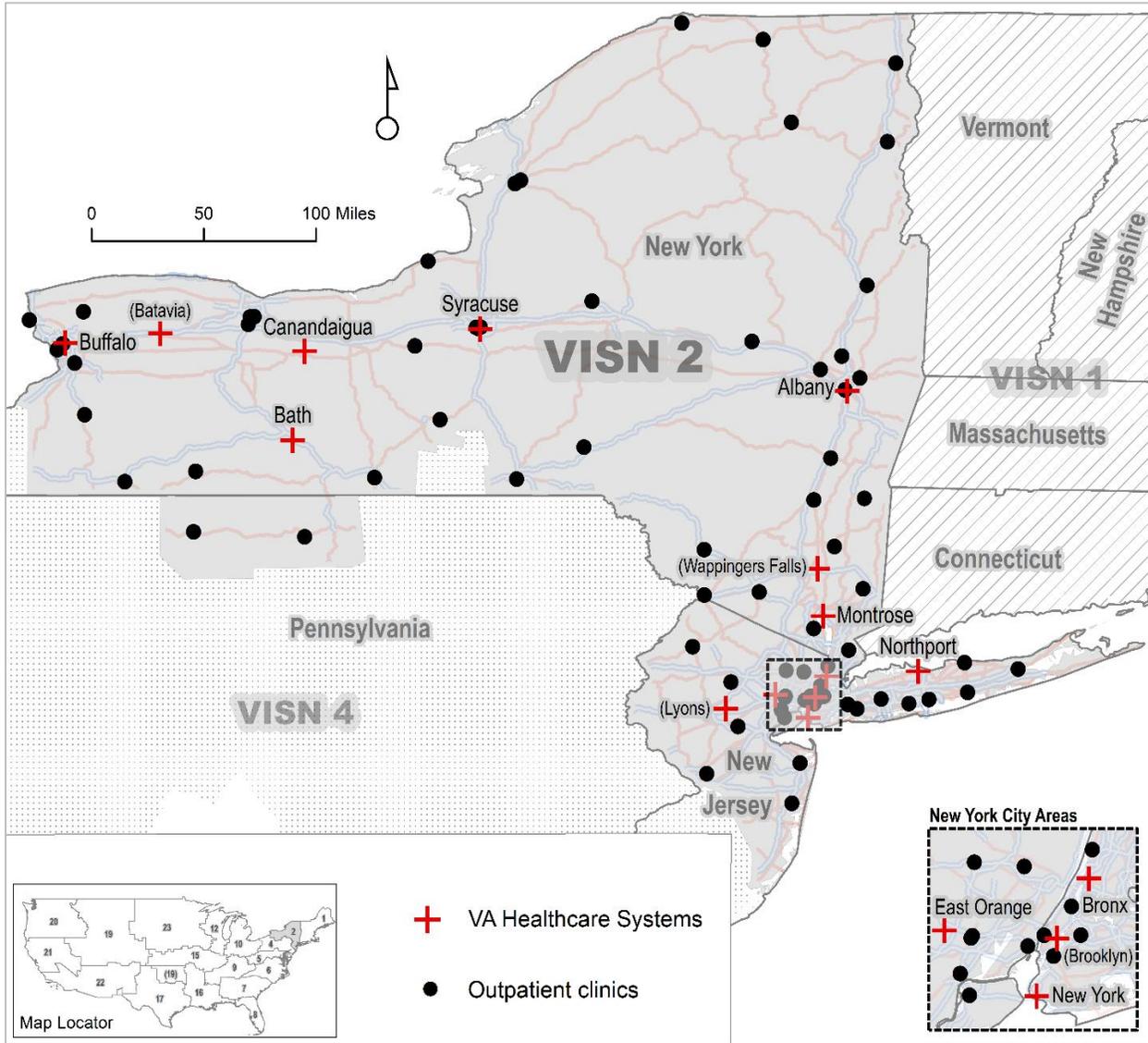


Figure 1. Veterans Integrated Service Network 2: New York/New Jersey VA Health Care Network.

Source: Veteran Affairs Site Tracking database (accessed July 12, 2021).

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 2, 5, and 6.

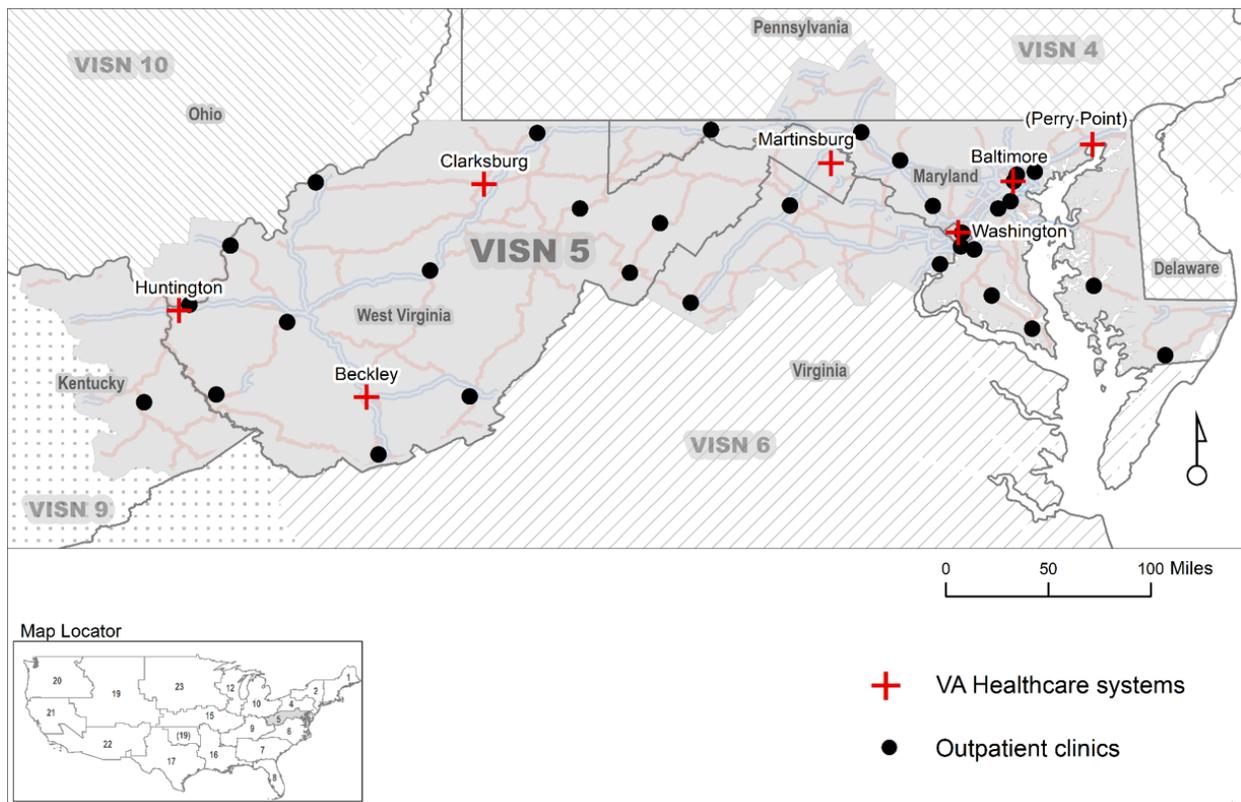


Figure 2. Veterans Integrated Service Network 5: VA Capitol Health Care Network.

Source: Veteran Affairs Site Tracking database (accessed August 19, 2021).

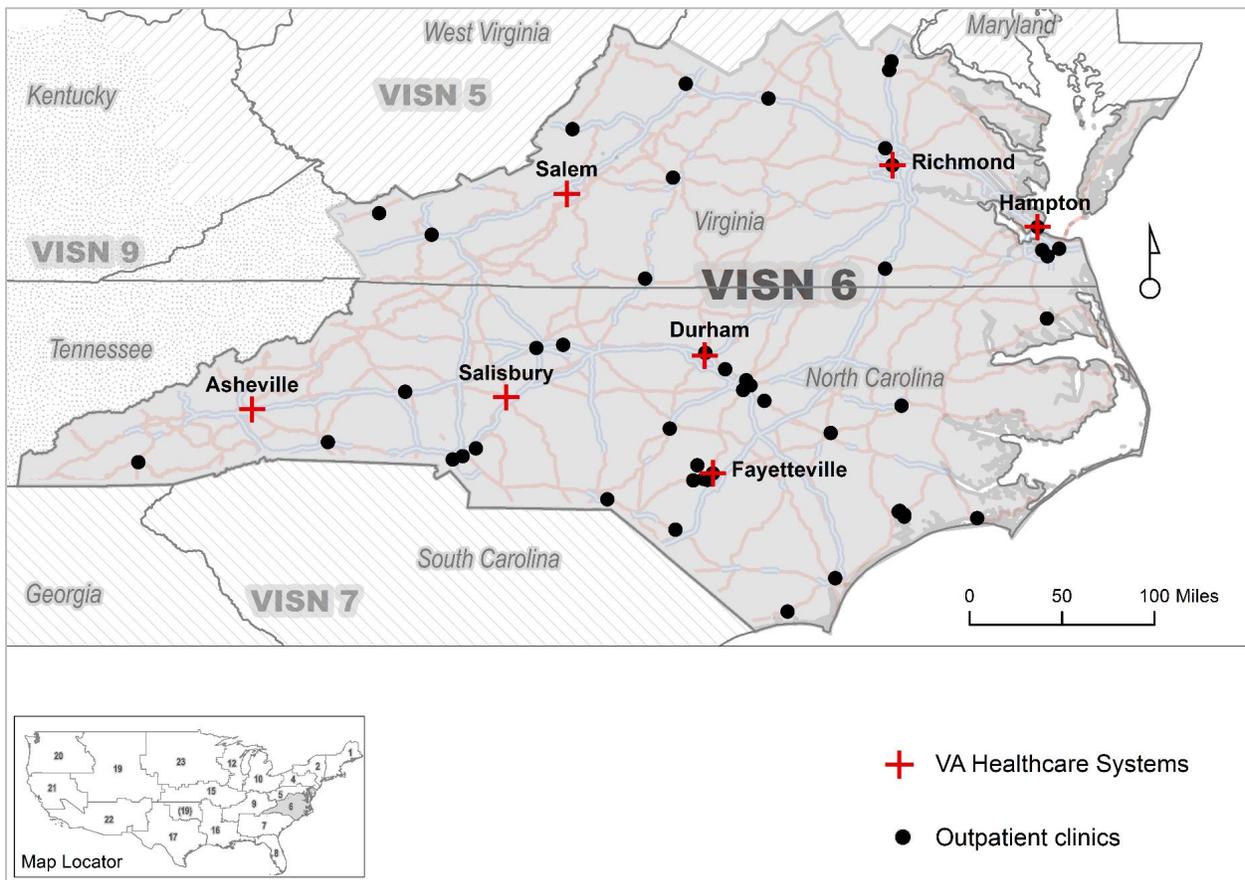


Figure 3. Veterans Integrated Service Network 6: VA Mid-Atlantic Health Care Network.

Source: Veteran Affairs Site Tracking database (accessed May 10, 2021).

Abbreviations

| | |
|----------|---|
| CHIP | Comprehensive Healthcare Inspection Program |
| CLC | community living center |
| COVID-19 | coronavirus disease |
| EUA | emergency use authorization |
| FDA | Food & Drug Administration |
| HCS | Health Care System or Healthcare System |
| ICU | intensive care unit |
| OIG | Office of Inspector General |
| NST | National Surveillance Tool |
| PPE | personal protective equipment |
| VAMC | VA Medical Center |
| 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, the OIG added pandemic readiness and response 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 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 systems that provide oversight of medical centers in their area.¹

This report is the fourth in a series. It provides a descriptive evaluation of VISN 2, 5, and 6 facility responses to the COVID-19 pandemic. This examination is based on findings from healthcare inspections performed during the third and fourth quarters of fiscal year 2021 (April 1 through September 30, 2021). The report also provides a more recent snapshot of the pandemic's demands on facility operations based on data compiled as of September 2021. Additionally, it includes information on COVID-19 vaccination efforts, based on a review of VA's vaccination statistics as of September 29, 2021. Interviews and survey results provide additional context on lessons learned and perceptions of readiness and responses.

The OIG's evaluation covers emergency preparedness; supplies, equipment, and infrastructure; staffing; access to care; community living center patient care and operations; and vaccine administration.² The OIG also surveyed facility staff to solicit their feedback and potentially identify any problematic trends or issues that may require follow-up.

Inspection Results

VA saw a peak of more than 3,500 new COVID-19 cases per day during its third wave in January 2021. Inspections in VISN 6 occurred near the end of VA's fourth wave of new cases, when the number of new positive cases was declining. VISN 2 inspections occurred between

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.

VA's fourth and fifth waves. VISN 5 inspections occurred during VA's fifth wave of new cases, which peaked near the end of August 2021. Interviewed leaders across various VISN 2, 5, and 6 facilities expressed feeling inadequately prepared for the pandemic. However, all reports of preparedness (adequate and otherwise) must be evaluated within the context that at the time of the inspections, the effects of future COVID-19 variants, particularly the delta variant, remained unknown.³

VISN 2, 5, and 6 leaders universally reported coordinating with state departments of health. Facility and system leaders described establishing an ongoing communication plan with local public health departments and relationships with key community partners and stakeholders. Most interviewed facility and system leaders indicated feeling that VHA Central Office and VISN-level communications and guidance were timely and adequate, and all leaders reported receiving VISN-level assistance when requested.

Facility leaders and staff indicated few lasting issues with the inadequacy of supplies reported early in the pandemic, but some described various issues with inadequate equipment and infrastructure.

The majority of interviewed leaders and staff at VISN 2, 5, and 6 facilities reported having sufficient clinical (non-licensed independent practitioner) and support staff during the pandemic.⁴ However, this was not the experience at all facilities.

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. Facility leaders reported that they adhered to VHA guidance by cancelling elective surgeries. 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, a significant volume of cancelled appointments still needed follow-up as of September 30, 2021.

³ "Understanding Variants," Centers for Disease Control and Prevention, updated August 6, 2021, accessed August 26, 2021, <https://stacks.cdc.gov/view/cdc/108669>. "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 circulating as newer variants have increased." "Delta Variant: What We Know About the Science," Centers for Disease Control and Prevention, updated August 19, 2021, accessed August 26, 2021, <https://stacks.cdc.gov/view/cdc/109027>.

⁴ VHA Handbook 1100.19, *Credentialing and Privileging*, October 15, 2012. This handbook was in place during the inspections for VISNs 2, 5, and 6. The credentialing portion of VHA Handbook 1100.19 was superseded by VHA Directive 1100.20, *Credentialing of Health Care Providers*, September 15, 2021. Both the handbook and directive contain similar language to define licensed independent practitioner. 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."

VHA issued guidance to ensure the safety and well-being of its community living center residents during the pandemic. The OIG's review of allegations concerning a COVID-19 outbreak at the VA Illiana Health Care System's community living center in 2020 highlighted the importance of adhering to VHA's guidance regarding community living centers.⁵ Facility leaders and staff reported adherence to VHA requirements for restricting admissions from the community and described the efforts taken to ensure the safety of vulnerable patients, despite the challenges related to keeping residents active and engaged.

From the survey sent electronically to all VISN 2, 5, and 6 facility staff, the OIG noted that 51–93 percent of staff who responded reported that leaders and immediate supervisors communicated how to ensure the safety of staff and patients during the pandemic. Additionally, 51–95 percent of staff who responded 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, the OIG identified one universal theme among VISN 2, 5, and 6 staff's comments: the importance of communication. VISN 2 and 6 staff also expressed the importance of teamwork.

Finally, VA and VISNs 2, 5, and 6 have made progress in their effort to vaccinate veterans against COVID-19. VA announced initial COVID-19 vaccine distribution plans in December 2020.⁶ Over 3.5 million veterans had received the initial recommended number of doses by vaccine type as of September 30, 2021.⁷ VISN 2, 5, and 6 facilities had fully vaccinated roughly 43–54 percent of patients within each VISN.⁸

This report provides data that illustrate 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.

⁵ VA OIG, *Failure to Mitigate Risk of and Manage a COVID-19 Outbreak at a Community Living Center at VA Illiana Health Care System in Danville, Illinois*, Report No. 21-00553-285, September 28, 2021.

⁶ 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>.

⁷ VA, *Department of Veterans Affairs COVID-19 National Summary*, accessed September 30, 2021, <https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary>.

⁸ VA, *Department of Veterans Affairs COVID-19 National Summary*; VHA Support Service Center, accessed February 2, 2022, <https://vssc.med.va.gov/>. (This is an internal VA website not publicly accessible.)

VA Comments

COVID-19 continues to reshape 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, has been no exception. The Deputy Under Secretary for Health, Performing the Delegable Duties of the Under Secretary for Health, concurred with the report and noted that it did "not reflect that VHA has already assessed care provided to Veterans whose appointments were canceled during the pandemic." The OIG did not review whether VHA assessed such care as part of this report. VHA's response can be found in appendix H (page 62).



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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) 2, 5, and 6 facilities' pandemic readiness and response and is the fourth in a series of aggregated pandemic-related summary publications issued separately 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 September 2021. Finally, this report

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. The third OIG report in the series is *Comprehensive Healthcare Inspection of Facilities' COVID-19 Pandemic Readiness and Response in Veterans Integrated Service Networks 1 and 8*, Report No. 21-02969-20, November 18, 2021. Veteran care is provided through regional systems called VISNs. There are 18 VISNs that provide the administrative and clinical oversight of medical centers.

provides information on VISN-level COVID-19 vaccination efforts, based on a review of VA's vaccination statistics as of September 29, 2021.

Methodology

The OIG performs comprehensive healthcare inspections approximately every three years for each VHA medical facility. Beginning in fiscal year 2020, the OIG randomly selected facilities for inspection by VISN.

The OIG initiated virtual inspections during the weeks of May 3 and 10, 2021, at the VISN 6: VA Mid-Atlantic Health Care Network (Durham, North Carolina) office and its facilities:

- Charles George VA Medical Center (VAMC) (Asheville, North Carolina)
- Durham VA Health Care System (HCS) (North Carolina)
- Fayetteville VA Coastal HCS (North Carolina)
- Hampton VAMC (Virginia)
- Hunter Holmes McGuire VAMC (Richmond, Virginia)
- Salem VAMC (Virginia)
- W.G. (Bill) Hefner VAMC (Salisbury, North Carolina)

The OIG began virtual inspections during the weeks of June 7, 22, and 28, and July 12, 2021, at the VISN 2: New York/New Jersey VA Health Care Network (Bronx, New York) office and its facilities:

- James J. Peters VAMC (Bronx, New York)
- Northport VAMC (New York)
- Samuel S. Stratton VAMC (Albany, New York)
- Syracuse VAMC (New York)
- VA Finger Lakes HCS (Bath, New York)
- VA Hudson Valley HCS (Montrose, New York)
- VA New Jersey HCS (East Orange)
- VA New York Harbor HCS
- VA Western New York HCS (Buffalo)

Lastly, the OIG started virtual inspections during the weeks of August 9 and 23, 2021, at the VISN 5: VA Capitol Health Care Network (Linthicum, Maryland) office and its facilities:

- Beckley VAMC (West Virginia)
- Hershel “Woody” Williams VAMC (Huntington, West Virginia)

- Louis A. Johnson VAMC (Clarksburg, West Virginia)
- Martinsburg VAMC (West Virginia)
- VA Maryland HCS (Baltimore)
- Washington DC VAMC

As an element of the CHIP evaluation process, the OIG teams assessed the pandemic's effect on VISN 2, 5, and 6 facilities and their leaders' subsequent responses. The teams specifically focused on six areas: emergency preparedness; supplies, equipment, and infrastructure; staffing; access to care; community living center (CLC) patient care and operations; and vaccine administration.⁷ The OIG also surveyed facility staff at the inspected facilities about their experiences with

- communication,
- access to personal protective equipment,
- 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 E, F, and G for the approximate number of staff surveyed during each inspection). The survey findings discussed in this report focus on communication, access to personal protective equipment, 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.

⁷ 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.

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978.⁸ 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.

⁸ 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 2, 5, and 6 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 VISNs during the review period (including related testing, status of recovery or death, and veteran or employee status)
- The evaluation of the six 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 vaccine doses administered as of September 29, 2021 (veteran, employee, and federal partner)

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

COVID-19 Cases across VA and VISNs 2, 5, and 6

To assess the effect of COVID-19 on facility operations, the OIG reviewed VA surveillance data available at the time of the inspections. Figures 4–7 provide snapshots of the number of new positive COVID-19 cases for VA and VISNs 2, 5, and 6 from March 11, 2020, through September 30, 2021.

VA saw a peak of more than 3,500 new COVID-19 cases per day during its third wave in January 2021. According to VHA, 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.”⁹

Inspections in VISN 6 occurred near the end of VA’s fourth wave of new cases, when the number of new positive cases was declining. VISN 2 inspections occurred between the fourth and fifth waves. VISN 5 inspections occurred during VA’s fifth wave of new cases, which peaked near the end of August 2021 (see figure 4).

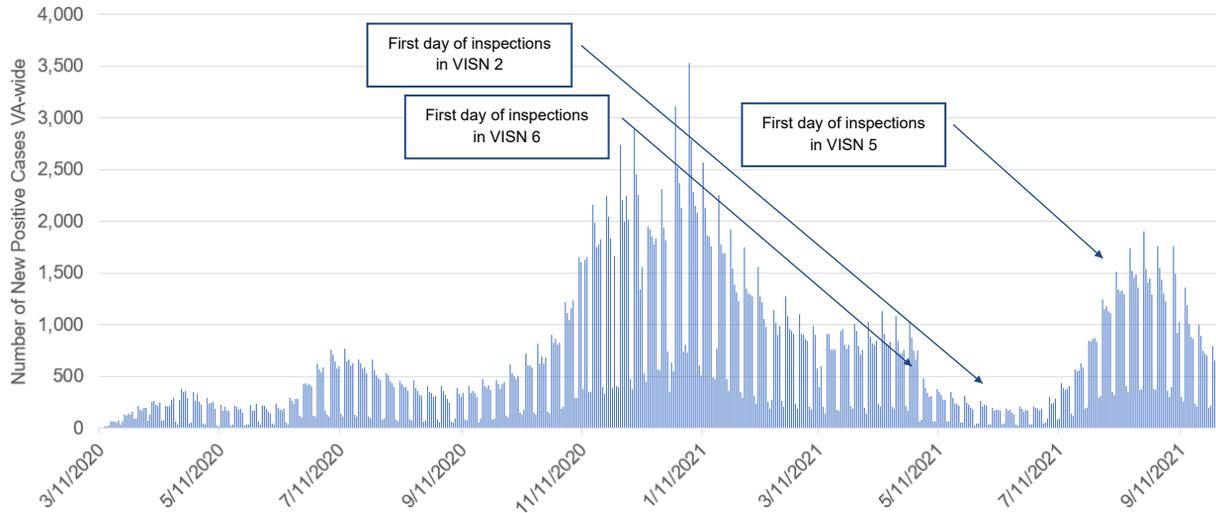


Figure 4. Number of new positive COVID-19 cases nationwide per day (March 11, 2020, through September 30, 2021).

Source: Department of Veterans Affairs NST: COVID-19, VA Cases (accessed October 4, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed January 27, 2022).

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

The OIG’s inspections in VISN 6 occurred near the end of its third wave of new positive cases per day. VISN 6’s first notable peak occurred in early January 2021 (see figure 5).

⁹ VHA, COVID-19 National Summary & Moving Forward Report Definitions, accessed January 27, 2022.

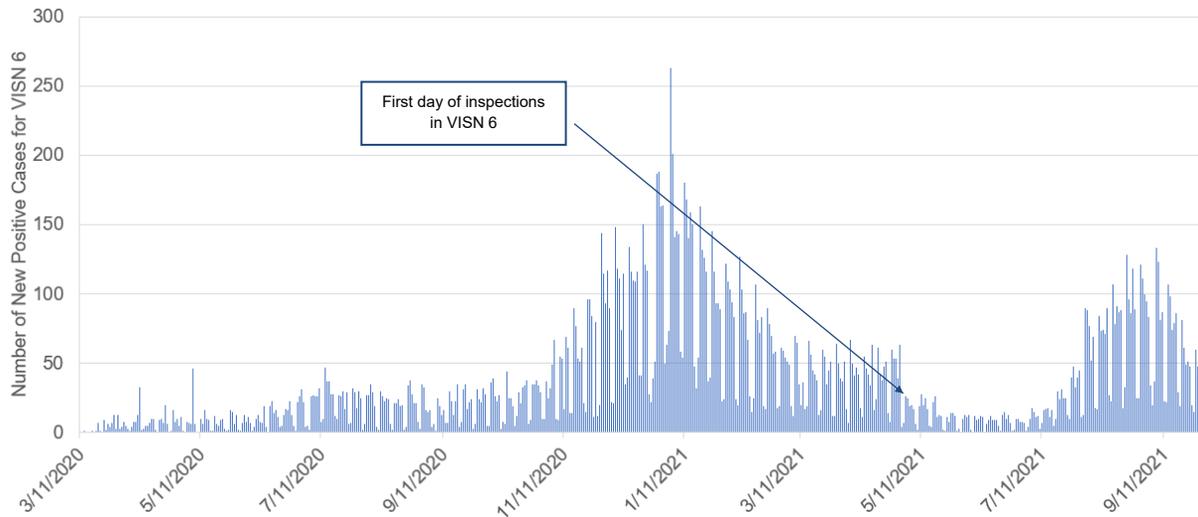


Figure 5. Number of new positive COVID-19 cases for VISN 6 per day (March 11, 2020, through September 30, 2021).

Source: Department of Veterans Affairs NST: COVID-19, VA Cases (accessed October 4, 2021).

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

At the time of the OIG's VISN 2 inspections, the network of facilities had experienced three waves of new positive cases per day since the beginning of the pandemic. The VISN reached its highest number of new positive cases per day (164 new cases) in January 2021. During the inspections, VISN 2 experienced a lull in new positive cases prior to its fourth wave, which peaked in mid-September 2021 (see figure 6).

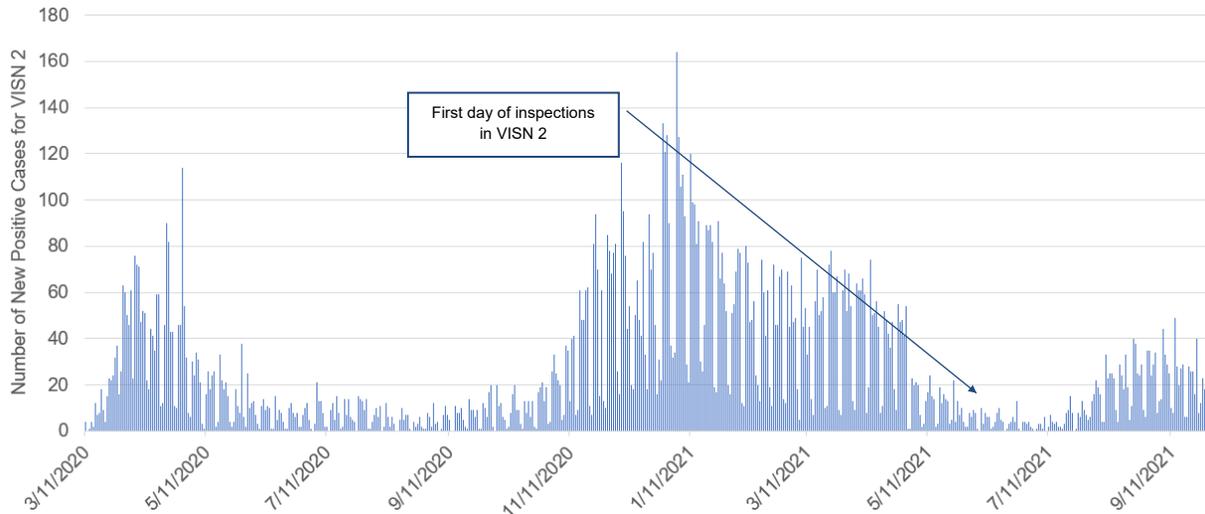


Figure 6. Number of new positive COVID-19 cases for VISN 2 per day (March 11, 2020, through September 30, 2021).

Source: Department of Veterans Affairs NST: COVID-19, VA Cases (accessed October 4, 2021).

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

The OIG’s inspections in VISN 5 occurred near the beginning of the VISN’s fourth peak in new positive cases per day (see figure 7).

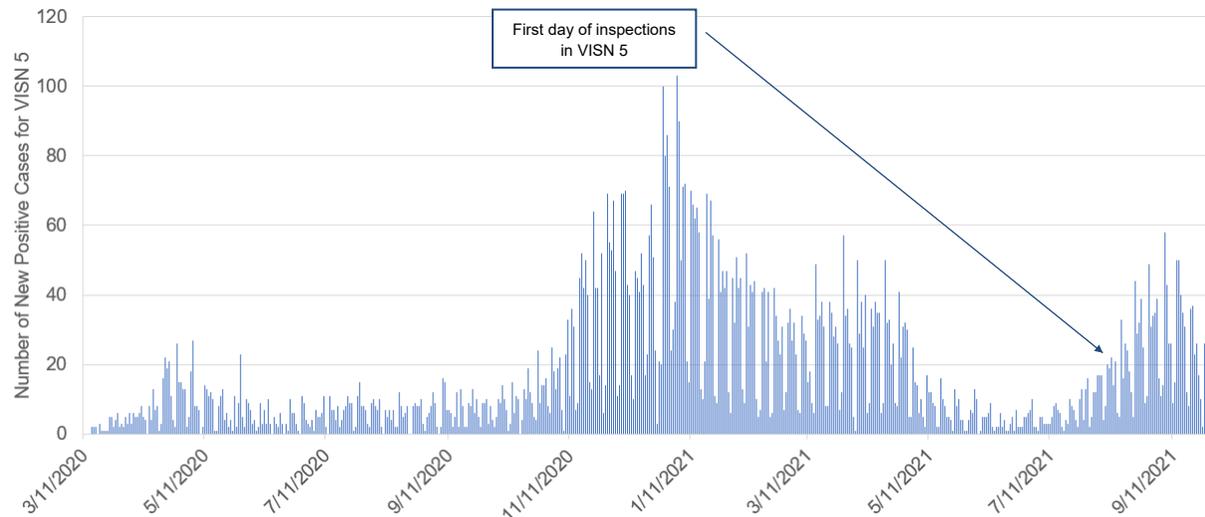


Figure 7. Number of new positive COVID-19 cases for VISN 5 per day (March 11, 2020, through September 30, 2021).

Source: Department of Veterans Affairs NST: COVID-19, VA Cases (accessed October 4, 2021).

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

Interviewed leaders across various VISN 2, 5, and 6 facilities expressed feeling inadequately prepared for the pandemic. All reports of preparedness (adequate and otherwise) must be

evaluated within the context that at the time of the inspections, the effect of future COVID-19 variants, particularly the delta variant, remained unknown.¹⁰

For example, leaders at VISN 6's Durham VA HCS (North Carolina) described how early struggles with turnover in emergency management led to feelings of being inadequately prepared.

For VISN 2, leaders at James J. Peters VAMC in Bronx, New York described feeling that “no one was really prepared” at the beginning of the pandemic. However, the medical center leaders took notable actions early in the pandemic, which included reaching out to the New York City Department of Health in preparation for receiving their first COVID-19 case, developing a medical center-level multidisciplinary team, and creating various tools for providers and patients (kiosk-based screening, electronic health record tools for virtual care, and workgroups to address ongoing issues).

Within VISN 5, leaders at the Louis A. Johnson VAMC in Clarksburg, West Virginia reported feeling that no one was prepared for the pandemic but also indicated believing the medical center did a good job “getting ahead.” The leaders described the medical center as about two weeks ahead of others in the area and reported ordering supplies in advance.

Tables 1–3 examine the testing conducted VA-wide and by VISNs 2, 5, and 6 through the end of fiscal year 2021. According to VHA, 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 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.” Active cases include the 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...

¹⁰ “Understanding Variants,” Centers for Disease Control and Prevention, updated August 6, 2021, accessed August 26, 2021, <https://stacks.cdc.gov/view/cdc/108669>. “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 circulating as newer variants have increased.” “Delta Variant: What We Know About the Science,” Centers for Disease Control and Prevention, updated August 19, 2021, accessed August 26, 2021, <https://stacks.cdc.gov/view/cdc/109027>.

‘Inpatient’ indicates that the death occurred in a ‘VA’ hospital.” Other indicates “the death was reported to VA but occurred elsewhere.”¹¹

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

| Surveillance Element | VHA | VISN 2 | VISN 5 | VISN 6 |
|---------------------------|-----------|--------|--------|---------|
| Total Cases | 1,951,075 | 96,897 | 63,766 | 124,190 |
| • Positive Cases | 343,331 | 14,423 | 9,511 | 20,693 |
| • Negative Cases | 1,378,223 | 66,832 | 47,315 | 92,235 |
| • Pending Cases | 145,807 | 11,142 | 4,957 | 6,961 |
| • Cancelled/Indeterminate | 83,714 | 4,500 | 1,983 | 4,301 |

Source: Department of Veterans Affairs NST: COVID-19 Facility Detail (accessed October 4, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed January 27, 2022).

Note: The OIG did not assess VA’s data for accuracy or completeness. Appendix A includes additional details about the types of care provided by VHA and within VISNs 2, 5, and 6.

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

| Surveillance Element | VHA | VISN 2 | VISN 5 | VISN 6 |
|----------------------|---------|--------|--------|--------|
| Active | 7,382 | 238 | 257 | 541 |
| Convalescent | 320,934 | 13,363 | 8,796 | 19,344 |
| Known Death | 15,015 | 822 | 458 | 808 |
| • Inpatient | 5,391 | 410 | 140 | 197 |
| • Other | 9,624 | 412 | 318 | 611 |

Source: Department of Veterans Affairs NST: COVID-19 Facility Detail (accessed October 4, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed January 27, 2022).

Note: The OIG did not assess VA’s data for accuracy or completeness. Appendix A includes additional details about the types of care provided by VHA and within VISNs 2, 5, and 6.

¹¹ VHA, COVID-19 National Summary & Moving Forward Report Definitions, accessed January 27, 2022.

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

| Surveillance Element | VHA | VISN 2 | VISN 5 | VISN 6 |
|----------------------|---------|--------|--------|--------|
| Veteran | 309,677 | 12,695 | 8,413 | 19,009 |
| Employee | 25,296 | 1,353 | 990 | 1,326 |
| Veteran-Employee | 1,136 | 23 | 37 | 207 |
| All Other* | 7,222 | 352 | 71 | 151 |

Source: Department of Veterans Affairs NST: COVID-19 Facility Detail (accessed October 4, 2021).
COVID-19 National Summary & Moving Forward Report Definitions (accessed January 27, 2022).

Note: The OIG did not assess VA's data for accuracy or completeness. Appendix A includes additional details about the types of care provided by VHA and within VISNs 2, 5, and 6.

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

Appendixes B, C, and D include facility-specific data for VISNs 2, 5, and 6, respectively, from March 11, 2020, through September 30, 2021.

VISN 2, 5, and 6 Facilities' Readiness and Response

The following subsections detail the OIG's findings for the six pandemic-related focus areas examined for all VISN 2, 5, and 6 facilities and the summary results of the staff survey.

Emergency Preparedness

VISN 2, 5, and 6 leaders universally reported communicating and collaborating with state departments of health. Facility and system leaders reported establishing an ongoing communication plan with local public health departments and relationships with key community partners and stakeholders. Most interviewed facility and system leaders indicated feeling that the VHA Central Office and VISN-level communication and guidance were timely and adequate. All leaders reported receiving VISN-level assistance when requested.

During interviews, facility and system leaders cited taking emergency preparedness actions similar to those described during inspections in VISNs 1, 8, 10, 19, and 20.¹² Notably, leaders and staff at the VA Maryland HCS reportedly took actions not described during previous comprehensive healthcare inspections of other VHA facilities: they assigned a Watch Officer to

¹² VA OIG, *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; VA OIG, *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; VA OIG, *Comprehensive Healthcare Inspection of Facilities' COVID-19 Pandemic Readiness and Response in Veterans Integrated Service Networks 1 and 8*, Report No. 21-02969-20, November 18, 2021.

provide ongoing pandemic guidance 24 hours per day, 7 days per week and established a COVID-19 hotline staffed with subject matter experts to answer employee inquiries.

Supplies, Equipment, and Infrastructure

The OIG inspected the following facilities as part of the OIG's previously published report on *COVID-19 Screening Processes and Pandemic Readiness*:¹³

- VA Finger Lakes HCS
- VA Western New York HCS
- Martinsburg VAMC
- VA Maryland HCS
- Washington DC VAMC
- Durham VA HCS
- Fayetteville VA Coastal HCS
- Hampton VAMC
- Hunter Holmes McGuire VAMC
- W.G. (Bill) Hefner VAMC

In that report, published on March 26, 2020, leaders described shortages of supplies, including N95 masks, gloves, gowns, face and eye protection, testing kits, and hand sanitizer.¹⁴ During the virtual comprehensive healthcare inspections of these same facilities in VISNs 2, 5, and 6, leaders reported having adequate supplies.

However, VISN 2 and 5 facility leaders and staff described having an inadequate number of ventilators. The James J. Peters VAMC, Samuel S. Stratton VAMC, VA New Jersey HCS, and VA Western New York HCS staff encountered shortages of ventilators with the expansion of intensive care units (ICUs) and a surge of patients requiring ventilation. Leaders and staff reported acquiring additional equipment through assistance from VISN 2.

The Washington DC VAMC also reportedly needed more ventilators, N95 masks, and cleaning supplies. Medical center leaders obtained additional ventilators from other facilities. Staff also

¹³ VA OIG, *OIG Inspection of Veterans Health Administration's COVID-19 Screening Processes and Pandemic Readiness*, Report No. 20-02221-120, March 26, 2020.

¹⁴ "N95 Respirators, Surgical Masks, Face Masks, and Barrier Face Coverings," Food & Drug Administration, accessed January 18, 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.

described acquiring powered air-purifying respirators (to help conserve N95 masks), switching products, and re-educating staff regarding cleaning supplies.¹⁵

Fayetteville VA Coastal HCS staff described an initial inadequacy with the number of powered air-purifying respirators, controlled air-purifying respirators, masks, gowns, gloves, and face shields. However, they reported securing needed equipment internally through reallocation of resources and VISN 6 support.¹⁶

Interviewed leaders and staff at the James J. Peters VAMC, VA Hudson Valley HCS, and VA New Jersey HCS within VISN 2 described inadequate infrastructure at the beginning of the pandemic. The James J. Peters VAMC purportedly experienced an inadequate number of ICU, negative pressure, and telemetry rooms.¹⁷ Leaders and staff reported converting step-down and medical/surgical rooms to ICU rooms; creating additional negative pressure ICU, medical/surgical, and telemetry rooms; and adding telemetry capabilities to existing medical/surgical rooms.¹⁸ Further, leaders and staff discussed replacing solid patient room doors with see-through doors so staff could monitor patients without entering the room.

¹⁵ “Considerations for Optimizing the Supply of Powered Air-Purifying Respirators (PAPRs),” Centers for Disease Control and Prevention, accessed March 22, 2021, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppr-strategy/powerd-air-purifying-respirators-strategy.html>. A powered air-purifying respirator “uses a blower to force air through filter cartridges or canisters and into the breathing zone of the wearer...When used properly, PAPRs [powered air-purifying respirators] provide increased protection and decrease the likelihood of infection transmission to the wearer as compared to FFRs [filtering facepiece respirators] and half face reusable elastomeric respirators.”

¹⁶ Controlled air-purifying respirators are similar to powered air-purifying respirators but have a proprietary design where the blower and motor provide positive airflow in the headpiece/helmet itself, eliminating the need for hoses. They are more streamlined and less bulky for the wearer.

¹⁷ “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.” “The Importance of a Telemetry Unit in Hospitals,” National Telemetry Association, accessed November 2, 2021, <https://nationaltelemetryassociation.org/the-importance-of-a-telemetry-unit-in-hospitals/>. “The telemetry unit in a hospital serves patients who suffer from cardiac conditions... The healthcare providers who work in this unit check the health of the patient constantly. If any issues arise, the healthcare worker will intervene to manage the issue. Patients with other conditions might also receive care in this unit. This can include patients with respiratory conditions and patients with cancer.”

¹⁸ VA Office of Construction & Facilities Management, *Design Guide: Medical/Surgical Inpatient Units & Intensive Care Nursing Units*, November 29, 2011. “Inpatient care units at a VAMC can be categorized into two general types; from lowest to highest patient acuity: Medical / Surgical (M/S) and Intensive Care Unit (ICU). Medical / Surgical units may also include patients transitioning from an ICU, generally called step-down, for patients who have special needs which may require physiologic monitoring and a higher nurse to patient ratio than a standard M/S unit provides.”

The VA Hudson Valley HCS also experienced a shortage of beds and negative pressure rooms. However, the leaders reportedly addressed infrastructure needs by renting additional beds and having the Engineering Service create negative pressure rooms in urgent and medical care areas.

Similarly, the leaders and staff at VA New Jersey HCS described facing an inadequate number of ICU beds, negative pressure rooms, and isolation areas. To address these issues, they reportedly increased the number of ICU beds, converted existing rooms to negative pressure, and created isolation areas.

Staffing

The majority of interviewed leaders and staff at the VISN 2, 5, and 6 facilities reported having sufficient clinical and support staff during the pandemic. However, this was not the experience at all facilities. The James J. Peters, Northport, Samuel S. Stratton, and Syracuse VAMCs and VA Finger Lakes, New Jersey, and New York Harbor HCSs in VISN 2 experienced shortages with clinical staff who provide inpatient care in areas such as ICUs, medical/surgical units, and CLCs. Leaders and staff at VISN 5's Martinsburg and Washington DC VAMCs and VA Maryland HCS reported similar staffing shortages, including those involving nurses and respiratory staff. According to critical care leaders at the Charles George, Hampton, and Salem VAMCs in VISN 6, the medical centers experienced a respiratory therapist shortage. These facility leaders stated they used various means to address the clinical staffing shortages, including centralizing, reassigning, and hiring staff; and requesting support through the VHA Disaster Emergency Medical Personnel System Program.¹⁹

VISN 2's VA Finger Lakes and VA New Jersey HCSs, VISN 5's Washington DC VAMC, and VISN 6's Charles George VAMC leaders and staff also described support staffing shortages in the Environmental Management Service.²⁰ The VA New Jersey HCS and Charles George and Washington DC VAMC leaders were reportedly able to hire additional staff or secure contract staff. However, the VA Finger Lakes HCS leaders expressed difficulty filling these positions and

¹⁹ 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.

²⁰ VHA Directive 1850, *Environmental Programs Service*, March 31, 2017. "EMS [Environmental Management Service] is responsible at the VA medical facility level for ensuring a state of physical and biological cleanliness, which fully meets all requirements for a VA medical facility environment."

took a novel approach—leaders transferred funds to the system’s local, underutilized Veterans Canteen Service for canteen staff to support the Environmental Management Service.²¹

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 use and...free up resources to address the increasing number of veterans under evaluation and diagnosed with COVID-19.”²² 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 facility and VISN leaders to consider when deciding to resume elective procedures.²³

Facility leaders at applicable facilities reported adhering to VHA guidance and cancelling elective surgeries.²⁴ 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 September 30, 2021 (see table 4 and appendixes B, C, and D). The OIG previously performed a review of VHA data on cancelled appointments, conversions to telehealth, and follow-up during the COVID-19 pandemic. The OIG identified various deficiencies, including the need for VHA to take appropriate follow-up action on cancelled or discontinued consults.²⁵

²¹ “Veterans Canteen Service (VCS),” VA, accessed November 3, 2021, <https://www.vacanteen.va.gov/>. “Veterans Canteen Service (VCS) was created to provide articles of merchandise and services at reasonable prices to Veterans enrolled in VA healthcare system, caregivers, and visitors. Since its conception, VCS’ mission continues, incorporating a strategic Veteran-centric approach emphasizing the importance of service to Veterans and supporting VA’s overall mission. VCS provides retail, food, coffee, and vending services across the country.”

²² Deputy Under Secretary for Health for Operations and Management (DUSHOM) Memorandum, *Coronavirus (COVID-19) – Guidance for Elective Procedures*, March 15, 2020.

²³ Assistant Under Secretary for Health for Operations Memorandum, *Moving Forward: Guidance for Resumption of Procedures for Non-Urgent and Elective Indications*, May 22, 2020.

²⁴ The VA Finger Lakes HCS and VA Hudson Valley HCS do not have operating rooms.

²⁵ 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 through May 1, 2020. The OIG also obtained and analyzed data from VHA Support Service Center reports from March through May 2020. The report’s analyses primarily focused on March 15 through May 1, 2020.

**Table 4. Clinic Cancellations by VISN
(March 11, 2020, through September 30, 2021)**

| VISN | Cancellations Due to COVID-19* | Follow-Up Found [†] | No Follow-Up Found | Percent of Cancelled Appointments Without Follow-Up [‡] |
|--------|--------------------------------|------------------------------|--------------------|--|
| VISN 2 | 116,306 | 111,048 | 5,258 | 5 |
| VISN 5 | 68,164 | 65,326 | 2,838 | 4 |
| VISN 6 | 194,066 | 186,196 | 7,870 | 4 |

Source: VHA Support Service Center (accessed October 4, 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 2, 5, and 6 are in appendix A.

*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.

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.²⁶ This included

- limited admissions to those patients who are already in a VA medical facility;
- restriction on admissions from the community;
- 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
- restriction of the CLC to visitors, "except for certain compassionate care situations."

VHA also recommended that facilities

²⁶ DUSHOM Memorandum, *Coronavirus (COVID-19) Community Living Centers* – Revised 03/17/2020, March 17, 2020.

- 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.”

Further, the OIG’s review of allegations concerning a COVID-19 outbreak at the VA Illiana HCS’s CLC in 2020 highlighted the importance of adhering to VHA’s guidance regarding CLCs.²⁷

Facility leaders and staff reported adherence to VHA requirements for restricting admissions from the community.²⁸ The OIG noted the considerable efforts reported to ensure the safety of vulnerable CLC residents, which reportedly included screening patients before admission and at least daily during their stay, and screening CLC staff prior to the beginning of their shifts.

VISN 2, 5, and 6 facility staff described challenges similar to those described in earlier reports—CLC residents’ frustration and stress due to visitation restrictions, residents’ need for social interaction with loved ones, and difficulty keeping residents active and engaged.²⁹ Interviewed leaders and staff cited various initiatives to maintain patients’ morale and well-being. Efforts at the Hampton VAMC reportedly included volunteers serving as a spa team with the inspiration of “if you look better, you feel better.” According to Hampton VAMC staff, volunteers also provided shaves and haircuts to patients while the medical center’s barbershop was closed. The CLC leaders at the W.G. (Bill) Hefner VAMC reported supporting CLC patients during the pandemic with activities such as cookie baking, flower planting, hallway bingo, cello and piano music, the CLC Chatter newsletter, and before-hours visits to the Patriots Store.

Facility Staff Feedback

The OIG surveyed employees at the inspected VISN 2, 5, and 6 medical facilities. Of the 2,530 respondents in VISN 2, 55 percent identified themselves as clinical staff, 43 percent

²⁷ VA OIG, *Failure to Mitigate Risk of and Manage a COVID-19 Outbreak at a Community Living Center at VA Illiana Health Care System in Danville, Illinois*, Report No. 21-00553-285, September 28, 2021.

²⁸ The Hershel “Woody” Williams VAMC does not have a CLC.

²⁹ VA OIG, *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; VA OIG, *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; VA OIG, *Comprehensive Healthcare Inspection of Facilities’ COVID-19 Pandemic Readiness and Response in Veterans Integrated Service Networks 1 and 8*, Report No. 21-02969-20, November 18, 2021.

identified themselves as nonclinical staff, and 2 percent made no selection. The overall response rate by facility was approximately 6–19 percent.³⁰

Of the 1,683 respondents in VISN 5, 57 percent identified themselves as clinical staff, 41 percent identified themselves as nonclinical staff, and 2 percent made no selection. The overall response rate by facility was approximately 8–18 percent.

The types of respondents for VISN 6 were similar to those observed in VISNs 2 and 5. Of the 3,109 respondents, 60 percent identified themselves as clinical staff, 39 percent identified themselves as nonclinical staff, and 1 percent made no selection. The overall response rate by facility was approximately 6–28 percent.

When respondents at all VISN facilities were asked whether leaders and immediate supervisors communicated how to ensure the safety of patients and staff during the pandemic, 51–93 percent of respondents answered affirmatively. The OIG noted that 51 percent of respondents at the Northport VAMC expressed feeling that facility leaders communicated how staff could ensure their own safety and the safety of patients during the pandemic, whereas 92–93 percent of the respondents at the Charles George VAMC felt facility leaders communicated these things (see appendixes E, F, and G for related questions and response rates).

Additionally, 51–95 percent of all respondents reported having access to appropriate personal protective equipment necessary to ensure their own safety at work during the COVID-19 pandemic. Again, the Northport VAMC had the lowest percentage of affirmative responses (see appendixes E, F, and G for related questions and response rates).

Further, when asked about lessons learned during their facility's pandemic response, the OIG identified one universal theme among VISN 2, 5, and 6 staff's comments—the importance of communication. VISN 2 and 6 staff also expressed the importance of teamwork.

VA and VISNs 2, 5, and 6 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.”³¹ The plan provided guidance for the management of vaccines “that have, or will have received FDA [Food & Drug Administration] EUA [Emergency Use Authorization]” and outlined three operational goals:

- “Develop and implement a plan to procure, distribute, and administer COVID-19 vaccine for Veterans and VA staff.

³⁰ 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 cube, accessed October 5, 2021, <https://vscc.med.va.gov/>. (This is an internal VA website not publicly accessible.)

³¹ VA, *COVID-19 Vaccination Plan for the Veterans Health Administration*, December 14, 2020.

- 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.”

The FDA authorized the Pfizer-BioNTech vaccine for emergency use on December 11, 2020.³² According to the FDA, an Emergency Use Authorization “is a mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during public health emergencies, such as the current COVID-19 pandemic.”³³ Drugs and biological products are authorized for emergency use when “there are no adequate, approved, and available alternatives.”³⁴ The Pfizer-BioNTech vaccine was authorized to be administered “as a 2-dose series, 3 weeks apart” to individuals 16 years of age and older.³⁵ The FDA approved the vaccine on August 23, 2021, for administration to this group of individuals.³⁶ On September 22, 2021, the FDA amended the EUA to allow for a booster dose of the vaccine at least six months after completing the initial series of vaccinations.³⁷ The booster was authorized for individuals

- “65 years of age and older;”
- “18 through 64 years of age at high risk of severe COVID-19; and”
- “18 through 64 years of age whose frequent institutional or occupational exposure to SARS-CoV-2 puts them at high risk of serious complications of COVID-19 including severe COVID-19.”

Two other vaccines remained authorized by the FDA for emergency use:

- Moderna COVID-19 Vaccine³⁸
- Janssen (Johnson & Johnson) COVID-19 Vaccine³⁹

³² FDA, letter to Pfizer Inc., February 25, 2021, accessed March 18, 2021, <https://www.fda.gov>.

³³ “Emergency Use Authorization for Vaccines Explained,” Food & Drug Administration, accessed May 21, 2021, <https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained>.

³⁴ “Emergency Use Authorization for Vaccines Explained.”

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 FDA, “FDA Authorizes Booster Dose of Pfizer-BioNTech COVID-19 Vaccine for Certain Populations,” news release, September 22, 2021, accessed November 1, 2021, <https://www.fda.gov/news-events/press-announcements/fda-authorizes-booster-dose-pfizer-biontech-covid-19-vaccine-certain-populations>.

³⁸ FDA, letter to ModernaTX, Inc., August 12, 2021, accessed February 1, 2022, <https://www.fda.gov>.

³⁹ FDA, letter to Janssen Biotech, Inc., November 19, 2021, accessed February 1, 2022, <https://www.fda.gov>. The Janssen vaccine is produced by Janssen Biotech, Inc., a Janssen Pharmaceutical Company of Johnson & Johnson.

The FDA authorized the Moderna and Janssen vaccines for emergency use on December 18, 2020, and February 27, 2021, respectively.⁴⁰ The Moderna vaccine was authorized for emergency use in individuals 18 years of age and older and “is administered as a 2-dose series, 1 month apart.”⁴¹ The Janssen vaccine was authorized for emergency use in individuals 18 years of age and older and “is administered as a single dose.”⁴²

On October 20, 2021, the FDA further expanded the EUAs for booster doses of these two COVID-19 vaccines, to include:

- “The use of a single booster dose of the Moderna COVID-19 Vaccine that may be administered at least 6 months after completion of the primary series to individuals:
 - 65 years of age and older
 - 18 through 64 years of age at high risk of severe COVID-19
 - 18 through 64 years of age with frequent institutional or occupational exposure to SARS-CoV-2
- The use of a single booster dose of the Janssen (Johnson and Johnson) COVID-19 Vaccine may be administered at least 2 months after completion of the single-dose primary regimen to individuals 18 years of age and older.
- The use of each of the available COVID-19 vaccines as a heterologous (or ‘mix and match’) booster dose in eligible individuals following completion of primary vaccination with a different available COVID-19 vaccine.”⁴³

On November 19, 2021, the FDA amended the EUAs for the Moderna and Pfizer-BioNTech vaccines to include “a single booster dose...for administration to individuals 65 years of age and older, individuals 18 through 64 years of age at high risk of severe COVID-19 and individuals 18 through 64 years of age with frequent institutional or occupational exposure to SARS-CoV-2...at least six months after completion of the primary vaccination series of the Moderna COVID-19

⁴⁰ FDA, letters to ModernaTX, Inc. and Janssen Biotech, Inc.

⁴¹ 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.

⁴² 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.

⁴³ FDA, “Coronavirus (COVID-19) Update: FDA Takes Additional Actions on the Use of a Booster Dose for COVID-19 Vaccines,” news release, October 20, 2021, accessed November 1, 2021, <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-takes-additional-actions-use-booster-dose-covid-19-vaccines>.

Vaccine or Pfizer-BioNTech COVID-19 Vaccine or at least two months after completion of primary vaccination with the Janssen COVID-19 Vaccine.”⁴⁴

VA announced initial COVID-19 vaccine distribution plans in December 2020.⁴⁵ 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.”⁴⁶ Since then, the OIG has noted considerable progress:

- February 17, 2021: VA reported vaccinating its one millionth veteran with an initial dose.⁴⁷
- March 19, 2021: VA reported vaccinating two million veterans with at least one dose of the vaccine.⁴⁸
- September 30, 2021: over 3.5 million veterans had received the initial recommended number of doses by vaccine type.⁴⁹

The OIG noted that staff at VISN 2, 5, and 6 facilities had fully vaccinated roughly 43–54 percent of patients. Tables 5–7 summarize the vaccination efforts of these VISNs, as of September 29, 2021. See appendix A for the number of unique patients in VISNs 2, 5, and 6.

⁴⁴ FDA, “Coronavirus (COVID-19) Update: FDA Expands Eligibility for COVID-19 Vaccine Boosters,” news release, November 19, 2021, accessed November 29, 2021, <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-expands-eligibility-covid-19-vaccine-boosters>.

⁴⁵ 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>.

⁴⁶ VA, “VA Administers Over 55,000 COVID-19 Vaccine Doses in Two Weeks,” news release, December 30, 2020, accessed March 18, 2021, <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5596>.

⁴⁷ 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>.

⁴⁸ VHA, email from the VHA Chief of Staff, disseminated March 19, 2021.

⁴⁹ VA, *Department of Veterans Affairs COVID-19 National Summary*, accessed September 30, 2021, <https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary>.

**Table 5. VISN 2 COVID-19 Vaccine Administrations
(as of September 29, 2021)**

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna)* | Dose 2 of 2 (Pfizer or Moderna)† | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen)‡ |
|------------------------------------|----------------------------------|----------------------------------|----------------------------------|------------------------|
| Veteran | 156,721 | 151,027 | 2,540 | 9,573 |
| Employee | 17,059 | 16,117 | 0 | 802 |
| Federal Partner§ | 1,958 ^l | 1,904 ^l | 0 | 107 ^l |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).
Department of Veterans Affairs COVID-19 National Summary Definitions (accessed January 31, 2022).

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

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

†Dose 2 of 2 is the number of "final dose[s] of a 2-dose series."

‡Dose 1 of 1 is 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."

^lThis is an approximate value based on reported vaccinations by facility (see appendix B).

**Table 6. VISN 5 COVID-19 Vaccine Administrations
(as of September 29, 2021)**

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 105,929 | 102,488 | 2,980 | 5,933 |
| Employee | 12,921 | 11,709 | 0 | 314 |
| Federal Partner | 8,053* | 7,918* | 0 | 22* |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

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

**Table 7. VISN 6 COVID-19 Vaccine Administrations
(as of September 29, 2021)**

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 194,763 | 186,672 | 3,483 | 13,168 |
| Employee | 18,794 | 17,487 | 0 | 497 |
| Federal Partner | 268* | 262* | 0 | 15* |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

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

Conclusion

The OIG examined the pandemic readiness and response of VISN 2, 5, and 6 facilities based on healthcare inspections performed from April 1 through September 30, 2021. 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 inspections at VISNs 2 and 6 occurred around the end of VA's fourth pandemic peak while the inspections at VISN 5 took place amid VA's fifth surge.

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. 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 2, 5, and 6.

**Table A.1. Profiles for VHA and VISNs 2, 5, and 6
(October 1, 2020, through September 30, 2021)**

| Profile Element | VHA | VISN 2 | VISN 5 | VISN 6 |
|------------------------------------|------------------|-----------------|-----------------|-----------------|
| Total medical care budget | \$89,562,201,327 | \$4,432,152,214 | \$3,049,736,027 | \$5,151,416,097 |
| Number of: | | | | |
| • Unique patients | 6,805,565 | 299,243 | 249,961 | 436,305 |
| • Outpatient visits | 91,834,794 | 4,470,713 | 3,111,701 | 5,542,634 |
| Type and number of operating beds: | | | | |
| • Blind rehabilitation | 243 | 0 | 0 | 0 |
| • Community living center | 12,860 | 1,331 | 594 | 676 |
| • Domiciliary | 6,813 | 580 | 454 | 283 |
| • Intermediate | 152 | 49 | 48 | 0 |
| • Medicine | 6,889 | 459 | 305 | 359 |
| • Mental health | 3,407 | 253 | 67 | 210 |
| • Neurology | 98 | 1 | 8 | 0 |
| • Rehabilitation medicine | 441 | 26 | 0 | 42 |
| • Residential rehabilitation | 545 | 12 | 31 | 28 |
| • Spinal cord injury | 1,120 | 92 | 0 | 127 |
| • Surgery | 2,664 | 149 | 108 | 152 |
| Average daily census: | | | | |
| • Blind rehabilitation | 39 | n/a | n/a | n/a |
| • Community living center | 6,885 | 754 | 317 | 242 |
| • Domiciliary | 2,531 | 245 | 116 | 54 |
| • Intermediate | 39 | 7 | 0 | n/a |
| • Medicine | 5,178 | 276 | 185 | 259 |
| • Mental health | 1,780 | 115 | 29 | 128 |
| • Neurology | 43 | 2 | 0 | 0 |

| Profile Element | VHA | VISN 2 | VISN 5 | VISN 6 |
|------------------------------|-----|--------|--------|--------|
| • Rehabilitation medicine | 211 | 2 | n/a | 23 |
| • Residential rehabilitation | 211 | 7 | 11 | 6 |
| • Spinal cord injury | 602 | 35 | n/a | 63 |
| • Surgery | 881 | 48 | 24 | 52 |

Source: VHA Support Service Center (accessed February 2, 2022).

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

n/a = not applicable.

Appendix B: VISN 2 Facility-Specific Data

**Table B.1. VISN 2 Testing and Results
(March 11, 2020, through September 30, 2021)**

| Surveillance Element | Albany, NY | Bronx, NY | Buffalo, NY | Bath, NY | East Orange, NJ | Montrose, NY | New York, NY | Northport, NY | Syracuse, NY |
|----------------------------|------------|-----------|-------------|----------|-----------------|--------------|--------------|---------------|--------------|
| Total Cases | 7,093 | 15,366 | 13,622 | 5,885 | 13,511 | 5,290 | 19,338 | 7,896 | 8,896 |
| • Positive Cases* | 924 | 1,837 | 1,853 | 1,058 | 2,659 | 1,030 | 2,426 | 1,297 | 1,339 |
| • Negative Cases | 5,403 | 9,164 | 9,686 | 4,035 | 8,131 | 4,068 | 13,705 | 5,555 | 7,085 |
| • Pending Cases | 604 | 2,664 | 1,714 | 510 | 2,199 | 167 | 2,094 | 880 | 310 |
| • Cancelled/ Indeterminate | 162 | 1,701 | 369 | 282 | 522 | 25 | 1,113 | 164 | 162 |

Source: Department of Veterans Affairs NST: COVID-19 Facility Detail (accessed October 4, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed January 27, 2022).

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 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 2 Positive Cases
(March 11, 2020, through September 30, 2021)**

| Surveillance Element | Albany, NY | Bronx, NY | Buffalo, NY | Bath, NY | East Orange, NJ | Montrose, NY | New York, NY | Northport, NY | Syracuse, NY |
|----------------------|------------|-----------|-------------|----------|-----------------|--------------|--------------|---------------|--------------|
| Active* | 20 | 9 | 39 | 45 | 24 | 15 | 35 | 17 | 34 |
| Convalescent † | 847 | 1,707 | 1,714 | 966 | 2,473 | 978 | 2,253 | 1,200 | 1,225 |
| Known Death‡ | 57 | 121 | 100 | 47 | 162 | 37 | 138 | 80 | 80 |
| • Inpatient | 21 | 74 | 61 | 4 | 70 | 12 | 111 | 29 | 28 |
| • Other | 36 | 47 | 39 | 43 | 92 | 25 | 27 | 51 | 52 |

Source: Department of Veterans Affairs NST: COVID-19 Facility Detail (accessed October 4, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed January 27, 2022).

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

*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 that were “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 – VISN 2 Positive Cases
(March 11, 2020, through September 30, 2021)**

| Surveillance Element | Albany, NY | Bronx, NY | Buffalo, NY | Bath, NY | East Orange, NJ | Montrose, NY | New York, NY | Northport, NY | Syracuse, NY |
|----------------------|------------|-----------|-------------|----------|-----------------|--------------|--------------|---------------|--------------|
| Veteran | 856 | 1,560 | 1,654 | 950 | 2,415 | 862 | 1,962 | 1,121 | 1,315 |
| Employee | 60 | 245 | 157 | 104 | 154 | 158 | 308 | 151 | 16 |
| Veteran-Employee | 0 | 0 | 4 | 0 | 7 | 0 | 6 | 5 | 1 |
| All Other* | 8 | 32 | 38 | 4 | 83 | 10 | 150 | 20 | 7 |

Source: Department of Veterans Affairs NST: COVID-19 Facility Detail (accessed October 4, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed January 27, 2022).

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. VISN 2 Clinic Cancellations
(March 11, 2020, through September 30, 2021)**

| Surveillance Element | Albany, NY | Bronx, NY | Buffalo, NY | Bath, NY | East Orange, NJ | Montrose, NY | New York, NY | Northport, NY | Syracuse, NY |
|--|------------|-----------|-------------|----------|-----------------|--------------|--------------|---------------|--------------|
| Cancellations Due to COVID-19* | 6,141 | 14,247 | 15,212 | 12,421 | 19,230 | 11,496 | 15,936 | 9,904 | 11,719 |
| Follow-Up Found † | 5,702 | 13,831 | 14,525 | 11,978 | 18,266 | 10,864 | 15,295 | 9,560 | 11,027 |
| No Follow-Up Found | 439 | 416 | 687 | 443 | 964 | 632 | 641 | 344 | 692 |
| Percent of Cancelled Appointments Without Follow-Up‡ | 7 | 3 | 5 | 4 | 5 | 5 | 4 | 3 | 6 |

Source: VHA Support Service Center (accessed October 4, 2021). COVID-19 Cancellations definitions (accessed January 11, 2021).

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

*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. James J. Peters VA Medical Center
COVID-19 Vaccine Administrations
(as of September 29, 2021)**

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna)* | Dose 2 of 2 (Pfizer or Moderna)† | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen)‡ |
|------------------------------------|----------------------------------|----------------------------------|----------------------------------|------------------------|
| Veteran | 9,031 | 8,687 | 194 | 465 |
| Employee | 1,731 | 1,629 | 0 | 87 |
| Federal Partners§ | 61 | 56 | 0 | <10 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021). Department of Veterans Affairs COVID-19 National Summary Definitions (accessed January 31, 2022).

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

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

†Dose 2 of 2 is the number of "final dose[s] of a 2-dose series."

‡Dose 1 of 1 is 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.6. Northport VA Medical Center COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 17,514 | 16,806 | 162 | 569 |
| Employee | 1,619 | 1,528 | 0 | 32 |
| Federal Partners | 89 | 85 | 0 | 0 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table B.5.

**Table B.7. Samuel S. Stratton VA Medical Center COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 13,601 | 13,263 | 331 | 1,215 |
| Employee | 1,289 | 1,237 | 0 | 121 |
| Federal Partners | <10 | <10 | 0 | <10 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table B.5.

**Table B.8. Syracuse VA Medical Center COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 18,763 | 18,414 | 370 | 1,231 |
| Employee | 1,633 | 1,581 | 0 | 97 |
| Federal Partners | <10 | <10 | 0 | <10 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table B.5.

**Table B.9. VA Finger Lakes Healthcare System COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 14,285 | 13,885 | 178 | 1,596 |
| Employee | 1,824 | 1,747 | 0 | 161 |
| Federal Partners | <10 | <10 | 0 | <10 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table B.5.

**Table B.10. VA Hudson Valley Health Care System COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 12,461 | 12,116 | 107 | 1,051 |
| Employee | 1,295 | 1,228 | 0 | 47 |
| Federal Partners | <10 | <10 | 0 | 0 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table B.5.

**Table B.11. VA New Jersey Health Care System COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 26,286 | 24,556 | 429 | 1,734 |
| Employee | 2,265 | 2,172 | 0 | 37 |
| Federal Partners | 21 | 21 | 0 | 82 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table B.5.

**Table B.12. VA New York Harbor Healthcare System COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 21,864 | 21,010 | 440 | 624 |
| Employee | 3,115 | 2,806 | 0 | 174 |
| Federal Partners | 1,561 | 1,518 | 0 | <10 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table B.5.

**Table B.13. VA Western New York Healthcare System COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 22,916 | 22,290 | 329 | 1,088 |
| Employee | 2,288 | 2,189 | 0 | 46 |
| Federal Partners | 206 | 204 | 0 | 0 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table B.5.

Appendix C: VISN 5 Facility-Specific Data

**Table C.1. VISN 5 Testing and Results
(March 11, 2020, through September 30, 2021)**

| Surveillance Element | Baltimore, MD | Beckley, WV | Clarksburg, WV | Huntington, WV | Martinsburg, WV | Washington, DC |
|---------------------------|---------------|-------------|----------------|----------------|-----------------|----------------|
| Total Cases | 13,626 | 3,661 | 5,121 | 9,229 | 10,408 | 21,721 |
| • Positive Cases* | 2,111 | 529 | 958 | 1,272 | 1,880 | 2,761 |
| • Negative Cases | 9,690 | 2,800 | 3,853 | 6,478 | 7,539 | 16,955 |
| • Pending Cases | 1,289 | 191 | 169 | 1,173 | 659 | 1,476 |
| • Cancelled/Indeterminate | 536 | 141 | 141 | 306 | 330 | 529 |

Source: Department of Veterans Affairs NST: COVID-19 Facility Detail (accessed October 4, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed January 27, 2022).

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 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 5 Positive Cases
(March 11, 2020, through September 30, 2021)**

| Surveillance Element | Baltimore, MD | Beckley, WV | Clarksburg, WV | Huntington, WV | Martinsburg, WV | Washington, DC |
|----------------------|---------------|-------------|----------------|----------------|-----------------|----------------|
| Active* | 27 | 32 | 51 | 54 | 64 | 29 |
| Convalescent† | 1,996 | 481 | 845 | 1,133 | 1,737 | 2,604 |
| Known Death‡ | 88 | 16 | 62 | 85 | 79 | 128 |
| • Inpatient | 29 | 3 | 20 | 15 | 14 | 59 |
| • Other | 59 | 13 | 42 | 70 | 65 | 69 |

Source: Department of Veterans Affairs NST: COVID-19 Facility Detail (accessed October 4, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed January 27, 2022).

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

*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 that were "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 – VISN 5 Positive Cases
(March 11, 2020, through September 30, 2021)**

| Surveillance Element | Baltimore, MD | Beckley, WV | Clarksburg, WV | Huntington, WV | Martinsburg, WV | Washington, DC |
|----------------------|---------------|-------------|----------------|----------------|-----------------|----------------|
| Veteran | 1,729 | 469 | 864 | 1,247 | 1,560 | 2,544 |
| Employee | 365 | 52 | 81 | 6 | 293 | 193 |
| Veteran-Employee | 6 | 0 | 2 | 2 | 23 | 4 |
| All Other* | 11 | 8 | 11 | 17 | 4 | 20 |

Source: Department of Veterans Affairs NST: COVID-19 Facility Detail (accessed October 4, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed January 27, 2022).

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. VISN 5 Clinic Cancellations
(March 11, 2020, through September 30, 2021)**

| Surveillance Element | Baltimore, MD | Beckley, WV | Clarksburg, WV | Huntington, WV | Martinsburg, WV | Washington, DC |
|--|---------------|-------------|----------------|----------------|-----------------|----------------|
| Cancellations Due to COVID-19* | 11,877 | 6,685 | 8,842 | 8,456 | 13,661 | 18,643 |
| Follow-Up Found † | 11,327 | 6,455 | 8,371 | 8,008 | 13,214 | 17,951 |
| No Follow-Up Found | 550 | 230 | 471 | 448 | 447 | 692 |
| Percent of Cancelled Appointments Without Follow-Up‡ | 5 | 3 | 5 | 5 | 3 | 4 |

Source: VHA Support Service Center (accessed October 4, 2021). COVID-19 Cancellations definitions (accessed January 11, 2021).

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

*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. Beckley VA Medical Center COVID-19 Vaccine Administrations
(as of September 29, 2021)**

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna)* | Dose 2 of 2 (Pfizer or Moderna)† | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen)‡ |
|------------------------------------|----------------------------------|----------------------------------|----------------------------------|------------------------|
| Veteran | 6,610 | 6,348 | 152 | 256 |
| Employee | 768 | 732 | 0 | 87 |
| Federal Partners§ | <10 | <10 | 0 | 0 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021). Department of Veterans Affairs COVID-19 National Summary Definitions (accessed January 31, 2022).

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

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

†Dose 2 of 2 is the number of "final dose[s] of a 2-dose series."

‡Dose 1 of 1 is 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.6. Hershel "Woody" Williams VA Medical Center COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 13,292 | 12,675 | 489 | 645 |
| Employee | 1,442 | 1,360 | 0 | 74 |
| Federal Partners | <10 | <10 | 0 | 0 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table C.5.

**Table C.7. Louis A. Johnson VA Medical Center COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 8,280 | 8,006 | 230 | 392 |
| Employee | 800 | 745 | 0 | 38 |
| Federal Partners | <10 | <10 | 0 | 0 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table C.5.

**Table C.8. Martinsburg VA Medical Center COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 18,096 | 17,413 | 588 | 1,485 |
| Employee | 2,154 | 1,967 | 0 | 83 |
| Federal Partners | 783 | 767 | 0 | <10 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table C.5.

**Table C.9. VA Maryland Health Care System COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 25,734 | 24,965 | 317 | 825 |
| Employee | 4,021 | 3,775 | 0 | 15 |
| Federal Partners | 893 | 871 | 0 | 12 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table C.5.

**Table C.10. Washington DC VA Medical Center COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 33,917 | 33,081 | 1,204 | 2,330 |
| Employee | 3,736 | 3,130 | 0 | 17 |
| Federal Partners | 6,362 | 6,265 | 0 | <10 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table C.5.

Appendix D: VISN 6 Facility-Specific Data

**Table D.1. VISN 6 Testing and Results
(March 11, 2020, through September 30, 2021)**

| Surveillance Element | Asheville, NC | Durham, NC | Fayetteville, NC | Hampton, VA | Richmond, VA | Salem, VA | Salisbury, NC |
|---------------------------|---------------|------------|------------------|-------------|--------------|-----------|---------------|
| Total Cases | 17,023 | 19,038 | 20,447 | 12,001 | 20,004 | 11,163 | 24,514 |
| • Positive Cases* | 3,069 | 3,131 | 3,742 | 2,041 | 2,631 | 1,554 | 4,525 |
| • Negative Cases | 12,826 | 14,304 | 14,983 | 8,119 | 16,321 | 8,463 | 17,219 |
| • Pending Cases | 831 | 1,239 | 1,335 | 229 | 489 | 783 | 2,055 |
| • Cancelled/Indeterminate | 297 | 364 | 387 | 1,612 | 563 | 363 | 715 |

Source: Department of Veterans Affairs NST: COVID-19 Facility Detail (accessed October 4, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed January 27, 2022).

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 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 D.2. Status of VISN 6 Positive Cases
(March 11, 2020, through September 30, 2021)**

| Surveillance Element | Asheville, NC | Durham, NC | Fayetteville, NC | Hampton, VA | Richmond, VA | Salem, VA | Salisbury, NC |
|----------------------|---------------|------------|------------------|-------------|--------------|-----------|---------------|
| Active* | 106 | 72 | 81 | 42 | 72 | 49 | 119 |
| Convalescent† | 2,815 | 2,936 | 3,558 | 1,957 | 2,450 | 1,411 | 4,217 |
| Known Death‡ | 148 | 123 | 103 | 42 | 109 | 94 | 189 |
| • Inpatient | 35 | 36 | 10 | 7 | 39 | 31 | 39 |
| • Other | 113 | 87 | 93 | 35 | 70 | 63 | 150 |

Source: Department of Veterans Affairs NST: COVID-19 Facility Detail (accessed October 4, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed January 27, 2022).

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

*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 that were "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 D.3. Patient Types – VISN 6 Positive Cases
(March 11, 2020, through September 30, 2021)**

| Surveillance Element | Asheville, NC | Durham, NC | Fayetteville, NC | Hampton, VA | Richmond, VA | Salem, VA | Salisbury, NC |
|----------------------|---------------|------------|------------------|-------------|--------------|-----------|---------------|
| Veteran | 2,862 | 2,851 | 3,450 | 1,860 | 2,450 | 1,439 | 4,097 |
| Employee | 192 | 233 | 219 | 148 | 142 | 96 | 296 |
| Veteran-Employee | 3 | 25 | 25 | 16 | 4 | 11 | 123 |
| All Other* | 12 | 22 | 48 | 17 | 35 | 8 | 9 |

Source: Department of Veterans Affairs NST: COVID-19 Facility Detail (accessed October 4, 2021). COVID-19 National Summary & Moving Forward Report Definitions (accessed January 27, 2022).

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 D.4. VISN 6 Clinic Cancellations
(March 11, 2020, through September 30, 2021)**

| Surveillance Element | Asheville, NC | Durham, NC | Fayetteville, NC | Hampton, VA | Richmond, VA | Salem, VA | Salisbury, NC |
|--|---------------|------------|------------------|-------------|--------------|-----------|---------------|
| Cancellations Due to COVID-19* | 25,602 | 27,692 | 11,904 | 26,734 | 55,939 | 19,651 | 26,544 |
| Follow-Up Found† | 24,872 | 26,786 | 10,972 | 24,535 | 54,264 | 19,301 | 25,466 |
| No Follow-Up Found | 730 | 906 | 932 | 2,199 | 1,675 | 350 | 1,078 |
| Percent of Cancelled Appointments Without Follow-Up‡ | 3 | 3 | 8 | 8 | 3 | 2 | 4 |

Source: VHA Support Service Center (accessed October 4, 2021). COVID-19 Cancellations definitions (accessed January 11, 2021).

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

*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 D.5. Charles George VA Medical Center COVID-19 Vaccine Administrations
(as of September 29, 2021)**

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna)* | Dose 2 of 2 (Pfizer or Moderna)† | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen)‡ |
|------------------------------------|----------------------------------|----------------------------------|----------------------------------|------------------------|
| Veteran | 16,665 | 15,964 | 179 | 1,848 |
| Employee | 1,958 | 1,876 | 0 | 53 |
| Federal Partners§ | <10 | <10 | 0 | 0 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021). Department of Veterans Affairs COVID-19 National Summary Definitions (accessed January 31, 2022).

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

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

†Dose 2 of 2 is the number of "final dose[s] of a 2-dose series."

‡Dose 1 of 1 is 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 D.6. Durham VA Health Care System COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 33,464 | 32,130 | 834 | 2,286 |
| Employee | 4,276 | 3,971 | 0 | 45 |
| Federal Partners | 82 | 82 | 0 | <10 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table D.5.

**Table D.7. Fayetteville VA Coastal Health Care System COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 37,099 | 35,458 | 217 | 2,136 |
| Employee | 2,449 | 2,133 | 0 | 108 |
| Federal Partners | <10 | <10 | 0 | 0 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table D.5.

**Table D.8. Hampton VA Medical Center COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 19,386 | 18,311 | 38 | 2,293 |
| Employee | 2,049 | 1,890 | 0 | 72 |
| Federal Partners | 21 | 20 | 0 | <10 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table D.5.

**Table D.9. Hunter Holmes McGuire VA Medical Center COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 30,145 | 29,031 | 426 | 766 |
| Employee | 3,466 | 3,311 | 0 | 68 |
| Federal Partners | 95 | 92 | 0 | <10 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table D.5.

**Table D.10. Salem VA Medical Center COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 17,274 | 16,769 | 409 | 2,028 |
| Employee | 1,823 | 1,749 | 0 | 67 |
| Federal Partners | <10 | <10 | 0 | 0 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table D.5.

**Table D.11. W.G. (Bill) Hefner VA Medical Center COVID-19 Vaccine Administrations
(as of September 29, 2021)***

| Individuals Receiving Vaccinations | Dose 1 of 2 (Pfizer or Moderna) | Dose 2 of 2 (Pfizer or Moderna) | Booster Dose (Pfizer or Moderna) | Dose 1 of 1 (Janssen) |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|-----------------------|
| Veteran | 40,730 | 39,009 | 1,380 | 1,811 |
| Employee | 2,773 | 2,557 | 0 | 84 |
| Federal Partners | 55 | 53 | 0 | 0 |

Source: Department of Veterans Affairs COVID-19 National Summary (accessed September 30, 2021).

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

*Definitions for doses and federal partners are in the notes for table D.5.

Appendix E: VISN 2 Survey Results

Table E.1. VISN 2 Survey Respondents

| Respondent Type | Albany, NY | Bronx, NY | Buffalo, NY | Bath, NY | East Orange, NJ | Montrose, NY | New York, NY | Northport, NY | Syracuse, NY |
|---|------------|------------|-------------|------------|-----------------|--------------|--------------|---------------|--------------|
| Clinical | 126 | 82 | 185 | 159 | 117 | 89 | 262 | 185 | 195 |
| Nonclinical | 112 | 66 | 147 | 178 | 75 | 88 | 180 | 101 | 136 |
| No Selection | 4 | 3 | 3 | 2 | 9 | 2 | 14 | 5 | 5 |
| Total | 242 | 151 | 335 | 339 | 201 | 179 | 456 | 291 | 336 |
| Approximate Number of Staff at the Time of Inspection | 1,527 | 1,961 | 2,302 | 1,785 | 3,218 | 1,482 | 3,724 | 1,879 | 2,021 |
| Approximate Response Rate (%) | 16 | 8 | 15 | 19 | 6 | 12 | 12 | 15 | 17 |

Source: VA OIG and VHA Support Service Center (accessed October 5, 2021).

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

| Question | Albany, NY | Bronx, NY | Buffalo, NY | Bath, NY | East Orange, NJ | Montrose, NY | New York, NY | Northport, NY | Syracuse, NY |
|---|------------|-----------|-------------|----------|-----------------|--------------|--------------|---------------|--------------|
| Communication: Do you feel that you received adequate communication about how to ensure <u>your own safety</u> at work during the COVID-19 pandemic from <u>facility leaders</u> ? | 86% | 66% | 82% | 78% | 66% | 76% | 63% | 51% | 79% |
| Communication: Do you feel that you received adequate communication about how to ensure <u>your own safety</u> at work during the COVID-19 pandemic from <u>your immediate supervisor</u> ? | 87% | 76% | 83% | 81% | 69% | 68% | 71% | 67% | 83% |
| Communication: Do you feel that you received adequate communication about how to ensure <u>the safety of patients</u> during the COVID-19 pandemic from <u>facility leaders</u> ? | 85% | 69% | 82% | 80% | 65% | 75% | 63% | 51% | 79% |

| Question | Albany, NY | Bronx, NY | Buffalo, NY | Bath, NY | East Orange, NJ | Montrose, NY | New York, NY | Northport, NY | Syracuse, NY |
|--|------------|-----------|-------------|----------|-----------------|--------------|--------------|---------------|--------------|
| Communication: Do you feel that you received adequate communication about how to ensure <u>the safety of patients during the COVID-19 pandemic from your immediate supervisor?</u> | 85% | 74% | 84% | 81% | 72% | 71% | 70% | 67% | 82% |
| PPE: Did you have access to appropriate PPE necessary to ensure your own safety at work during the COVID-19 pandemic? | 88% | 81% | 81% | 81% | 64% | 78% | 76% | 51% | 77% |

Source: VA OIG.

*Values represent the percent of “yes” responses across all respondents (clinical, nonclinical, and no selection).

PPE = personal protective equipment.

Table E.3. Identified Trends Among VISN 2 Respondents' Comments on Facility Readiness and Response

| Question | Albany, NY | Bronx, NY | Buffalo, NY | Bath, NY | East Orange, NJ | Montrose, NY | New York, NY | Northport, NY | Syracuse, NY | |
|--|--|--|---|---|--|--|--|---|--|--|
| What lessons were learned during the facility's pandemic response? | <ul style="list-style-type: none"> • Importance of communication • Importance of teamwork • Telework is effective | <ul style="list-style-type: none"> • Importance of communication • Importance of teamwork • Importance of preparation | <ul style="list-style-type: none"> • Importance of communication • Importance of teamwork • Importance of preparation • Telehealth is effective | <ul style="list-style-type: none"> • Importance of communication • Importance of teamwork • Importance of flexibility • Importance of preparation | <ul style="list-style-type: none"> • Importance of communication • Importance of teamwork • Importance of preparation | <ul style="list-style-type: none"> • Importance of communication • Importance of teamwork • Importance of preparation | <ul style="list-style-type: none"> • Importance of communication • Importance of teamwork • Importance of preparation • Value of the virtual environment (meetings, treatment) | <ul style="list-style-type: none"> • Importance of communication • Importance of teamwork • Importance of flexibility • Telehealth is effective | <ul style="list-style-type: none"> • Importance of communication • Importance of teamwork • Importance of preparation • Telework is effective • Telehealth is effective | <ul style="list-style-type: none"> • Importance of communication • Importance of teamwork • Importance of flexibility • Importance of preparation • Telework is a viable option |

Source: VA OIG.

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

Appendix F: VISN 5 Survey Results

Table F.1. VISN 5 Survey Respondents

| Respondent Type | Baltimore, MD | Beckley, WV | Clarksburg, WV | Huntington, WV | Martinsburg, WV | Washington, DC |
|---|---------------|-------------|----------------|----------------|-----------------|----------------|
| Clinical | 286 | 53 | 81 | 72 | 228 | 243 |
| Nonclinical | 222 | 58 | 69 | 60 | 158 | 119 |
| No Selection | 12 | 0 | 1 | 0 | 13 | 8 |
| Total | 520 | 111 | 151 | 132 | 399 | 370 |
| Approximate Number of Staff at the Time of Inspection | 3,780 | 942 | 1,124 | 1,615 | 2,265 | 3,143 |
| Approximate Response Rate (%) | 14 | 12 | 13 | 8 | 18 | 12 |

Source: VA OIG and VHA Support Service Center (accessed October 5, 2021).

Table F.2. VISN 5 Respondents' Assessment of Communication and Personal Protective Equipment Availability*

| Question | Baltimore, MD | Beckley, WV | Clarksburg, WV | Huntington, WV | Martinsburg, WV | Washington, DC |
|---|---------------|-------------|----------------|----------------|-----------------|----------------|
| Communication: Do you feel that you received adequate communication about how to ensure <u>your own safety</u> at work during the COVID-19 pandemic from <u>facility leaders</u> ? | 82% | 75% | 68% | 90% | 60% | 86% |
| Communication: Do you feel that you received adequate communication about how to ensure <u>your own safety</u> at work during the COVID-19 pandemic from <u>your immediate supervisor</u> ? | 84% | 80% | 75% | 82% | 74% | 82% |
| Communication: Do you feel that you received adequate communication about how to ensure <u>the safety of patients</u> during the COVID-19 pandemic from <u>facility leaders</u> ? | 83% | 75% | 67% | 87% | 62% | 84% |
| Communication: Do you feel that you received adequate communication about how to ensure <u>the safety of patients</u> during the COVID-19 pandemic from <u>your immediate supervisor</u> ? | 83% | 83% | 70% | 80% | 74% | 79% |
| PPE: Did you have access to appropriate PPE necessary to ensure your own safety at work during the COVID-19 pandemic? | 85% | 86% | 85% | 85% | 71% | 84% |

Source: VA OIG.

*Values represent the percent of “yes” responses across all respondents (clinical, nonclinical, and no selection).

PPE = personal protective equipment.

Table F.3. Identified Trends Among VISN 5 Respondents' Comments on Facility Readiness and Response

| Question | Baltimore, MD | Beckley, WV | Clarksburg, WV | Huntington, WV | Martinsburg, WV | Washington, DC |
|--|---|--|--|---|---|---|
| What lessons were learned during the facility's pandemic response? | <ul style="list-style-type: none"> • Importance of communication • Importance of flexibility • Importance of teamwork • Telehealth is effective | <ul style="list-style-type: none"> • Importance of communication • Telework is effective | <ul style="list-style-type: none"> • Importance of communication • Importance of PPE | <ul style="list-style-type: none"> • Importance of communication • Importance of flexibility • Importance of PPE | <ul style="list-style-type: none"> • Importance of communication • Disconnect between leadership and front line staff • Importance of teamwork | <ul style="list-style-type: none"> • Importance of communication • Importance of preparation • Effective and proper use of PPE • Importance of teamwork |

Source: VA OIG.

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

PPE = personal protective equipment.

Appendix G: VISN 6 Survey Results

Table G.1. VISN 6 Survey Respondents

| Respondent Type | Asheville, NC | Durham, NC | Fayetteville, NC | Hampton, VA | Richmond, VA | Salem, VA | Salisbury, NC |
|---|---------------|------------|------------------|-------------|--------------|------------|---------------|
| Clinical | 201 | 167 | 251 | 204 | 411 | 260 | 358 |
| Nonclinical | 112 | 89 | 162 | 118 | 235 | 259 | 246 |
| No Selection | 2 | 3 | 2 | 10 | 5 | 9 | 5 |
| Total | 315 | 259 | 415 | 332 | 651 | 528 | 609 |
| Approximate Number of Staff at the Time of Inspection | 2,335 | 4,133 | 2,586 | 2,543 | 4,107 | 1,907 | 3,559 |
| Approximate Response Rate (%) | 13 | 6 | 16 | 13 | 16 | 28 | 17 |

Source: VA OIG.

Table G.2. VISN 6 Respondents' Assessment of Communication and Personal Protective Equipment Availability*

| Question | Asheville, NC | Durham, NC | Fayetteville, NC | Hampton, VA | Richmond, VA | Salem, VA | Salisbury, NC |
|---|---------------|------------|------------------|-------------|--------------|-----------|---------------|
| Communication: Do you feel that you received adequate communication about how to ensure <u>your own safety</u> at work during the COVID-19 pandemic from <u>facility leaders</u> ? | 93% | 88% | 80% | 77% | 77% | 83% | 86% |
| Communication: Do you feel that you received adequate communication about how to ensure <u>your own safety</u> at work during the COVID-19 pandemic from <u>your immediate supervisor</u> ? | 93% | 83% | 77% | 73% | 78% | 81% | 84% |
| Communication: Do you feel that you received adequate communication about how to ensure <u>the safety of patients</u> during the COVID-19 pandemic from <u>facility leaders</u> ? | 92% | 88% | 80% | 80% | 77% | 84% | 86% |
| Communication: Do you feel that you received adequate communication about how to ensure <u>the safety of patients</u> during the COVID-19 pandemic from <u>your immediate supervisor</u> ? | 93% | 85% | 76% | 76% | 77% | 83% | 83% |
| PPE: Did you have access to appropriate PPE necessary to ensure your own safety at work during the COVID-19 pandemic? | 95% | 88% | 80% | 73% | 73% | 83% | 88% |

Source: VA OIG.

*Values represent the percent of “yes” responses across all respondents (clinical, nonclinical, and no selection).

Table G.3. Identified Trends Among VISN 6 Respondents' Comments on Facility Readiness and Response

| Question | Asheville, NC | Durham, NC | Fayetteville, NC | Hampton, VA | Richmond, VA | Salem, VA | Salisbury, NC |
|--|--|--|---|---|---|---|--|
| What lessons were learned during the facility's pandemic response? | <ul style="list-style-type: none"> • Importance of communication • Importance of PPE • Importance of teamwork • Telehealth is a viable option • Telework is effective | <ul style="list-style-type: none"> • Importance of communication • Importance of flexibility • Importance of teamwork | <ul style="list-style-type: none"> • Importance of communication • Importance of flexibility • Importance of teamwork • Need for more staff • Telehealth can be successful | <ul style="list-style-type: none"> • Importance of communication • Importance of teamwork • Telework can be successful | <ul style="list-style-type: none"> • Importance of communication • Importance of flexibility • Importance of preparation • Importance of teamwork | <ul style="list-style-type: none"> • Importance of communication • Importance of flexibility • Importance of preparation • Importance of teamwork | <ul style="list-style-type: none"> • Importance of communication • Importance of flexibility • Importance of preparation • Importance of PPE • Importance of teamwork |

Source: VA OIG.

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

Appendix H: Office of the Under Secretary for Health Comments

Department of Veterans Affairs Memorandum

Date: February 25, 2022

From: Deputy Under Secretary for Health, Performing the Delegable Duties of the Under Secretary for Health (10)

Subj: OIG Draft Report, Comprehensive Healthcare Inspection of Facilities' COVID-19 Pandemic Readiness and Response in Veterans Integrated Service Networks 2, 5, and 6 (2021-03917-HI-1222) (VIEWS # 6904124)

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) subject draft report. The Veterans Health Administration (VHA) concurs with the report and there are no recommendations assigned to the Under Secretary for Health.
2. In response to a previously published OIG Report 20-02794-218, VHA conducted a clinical review of appointments and confirmed care was managed in the safest way and at the safest time while coordinating Veteran care during the pandemic, despite requiring follow-up. For purposes of completeness, VHA finds OIG's statements in this draft report do not reflect that VHA has already assessed care provided to Veterans whose appointments were canceled during the pandemic.
3. VHA respectfully notes that VHA completed actions on all recommendations in OIG report 20-02794-218 and OIG closed the recommendations by June 2021.
4. 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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