United States Government Accountability Office

Report to the Ranking Member, Committee on Veterans' Affairs, House of Representatives

January 2023

VA HEALTH CARE

VHA Lacks Reliable Onboarding Data for New Clinical Staff

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Why GAO Did This Study

The Veterans Health Administration is the nation's largest health care system. This system employs more than 371,000 clinical and support staff and serves over 9 million enrolled veterans. In April 2020, in response to the COVID-19 pandemic, VA modified the process it used to bring staff onboard at VHA medical facilities in an effort to allow staff to start work quickly and respond to urgent care needs. According to the Department of Veterans Affairs (VA) Office of Inspector General, there are inherent risks in bringing staff onboard who are not fully vetted.

GAO was asked to examine how VHA ensured that onboarding tasks were completed for staff hired during the COVID-19 pandemic. This report (1) describes VHA's expedited onboarding process for clinical staff, and (2) examines the data VHA uses to oversee the expedited onboarding process.

GAO reviewed VA and VHA policies and guidance for onboarding employees, interviewed officials, and collected information from human resource directors in the 18 Veterans Integrated Services Networks (VISN). GAO also assessed the reliability of onboarding data from USA Staffing.

What GAO Recommends

GAO is making two recommendations to VA: (1) require the use of USA Staffing to monitor onboarding tasks, and (2) ensure that the VISNs and medical facilities have clear guidance for entering USA Staffing data. VA concurred with the recommendations and identified steps it would take to implement them.

What GAO Found

When hiring new clinical staff for Veterans Health Administration (VHA) medical facilities, certain onboarding tasks are required, such as verifying clinical staff's credentials or checking fingerprints for a criminal history. In an effort to bring staff onboard quickly during the pandemic, VHA developed an expedited onboarding process that modified or deferred certain key onboarding tasks. For example, new hires were permitted to begin work without fingerprinting, if fingerprinting would have delayed onboarding by 3 or more days. According to VHA officials, VHA's onboarding system of record, USA Staffing, is intended to be used to document completion of the onboarding tasks (see figure).

Key Onboarding Tasks for Veterans Health Administration New Clinical Staff
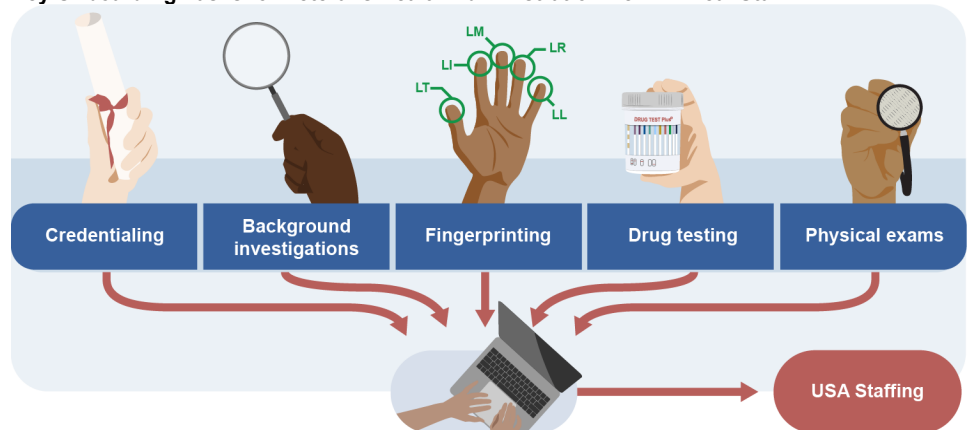
Source: GAO analysis of Department of Veterans Affairs information. | GAO-23-105706

VHA uses data from USA Staffing to oversee onboarding and ensure that the tasks are completed. These data are essential to VHA's oversight of deferred onboarding, in part because USA Staffing is the only system with the information necessary to monitor all five tasks.

However, GAO found that the data in USA Staffing are unreliable—incomplete, inaccurate, and not timely—thus limiting VHA's ability to oversee the onboarding process. For example, GAO found that not all new VHA hires were identified as such. Additionally, VHA officials found that the completion dates were inaccurate, compromising data reliability. Two factors have led to the unreliable data:

> (1) the lack of a VHA policy that requires all staff to use USA Staffing to document completion of onboarding tasks, and

> (2) VHA not providing comprehensive guidance on how to enter data into USA Staffing.

By requiring the use of USA Staffing and providing comprehensive guidance on entering data into it, VHA can help ensure that it has the data it needs to oversee onboarding and to help ensure that only qualified clinical staff provide care to veterans.

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U.S. GOVERNMENT ACCOUNTABILITY OFFICE

January 25, 2023

The Honorable Mark Takano
Ranking Member
Committee on Veterans' Affairs
House of Representatives

Dear Mr. Takano,

The Veterans Health Administration (VHA), within the Department of Veterans Affairs (VA), is the nation's largest health care system, employing more than 371,000 clinical and support staff, and serving over 9 million enrolled veterans throughout the United States at its medical facilities.[1] One of the Department's strategic goals through 2028 is to transform its human resources (HR) capabilities.[2] According to VA, in order for its workforce to best serve veterans, the department needs robust HR management. Hiring new staff is one HR action that, according to VA, is key to its ability to maintain a diverse, fully staffed, and highly skilled workforce.

When hiring new staff, including physicians and other clinicians, VHA requires its medical facilities to complete certain new employee onboarding tasks. These include verifying clinical staffs' qualifications and state licenses to practice (credentialing), conducting physical examinations, and performing drug testing and fingerprint checks. In general, VHA requires these tasks be completed before new clinical staff begin work at VHA medical facilities.

In April 2020, in response to the COVID-19 pandemic, VA modified the onboarding process in an effort to shorten the time frame for bringing new

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[1]Department of Veterans Affairs, "About VHA". (Washington, D.C.: August 15, 2022), accessed 10/18/2022, https://www.va.gov/health/aboutvha.asp.

[2]Department of Veterans Affairs, Department of Veterans Affairs Fiscal Years 2022-2028 Strategic Plan (Washington, D.C.: April 2022).

staff—clinical and non-clinical—onboard at VHA medical facilities.[3] VHA officials have stated that they intend to continue using expedited onboarding processes after the COVID-19 pandemic ends.

However, there are inherent risks in bringing staff on-board that have not been fully vetted, as noted in the March 2021 Management Advisory Memorandum published by the VA Office of the Inspector General.[4] According to the memorandum, these potential risks include the possibility that new staff who have not completed certain onboarding processes, such as receiving a fingerprint-based criminal history check, may gain access to sensitive information and controlled substances. In addition, other deferred onboarding tasks—such as credentialing—may not be completed. Therefore, according to the VA Office of the Inspector General, the importance of these tasks may warrant increased, centralized governance to allow VHA to maintain accountability and adequate oversight.[5] Having accurate and reliable data about the extent to which these tasks have been completed is a necessary component of such oversight.

You requested that we examine how VA ensured that essential onboarding tasks were completed for those staff hired during the COVID-19 pandemic. In this report we

1. describe VHA's expedited onboarding process for clinical staff hired during the COVID-19 pandemic; and

2. examine the data VHA uses to oversee the expedited onboarding process.

For both objectives, we reviewed VA and VHA policies and guidance for onboarding employees hired to work at VHA medical facilities, including

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[3]The focus of this report is on clinical staff—those that provide care to patients directly. In addition to modifying its onboarding process, VA used its Direct Hiring Authority and other human capital flexibilities to accelerate and expedite hiring. VA's use of these hiring flexibilities is outside the scope of this report. For more information on how VA and other federal agencies used hiring flexibilities during the COVID-19 pandemic, see our past report, *Federal Hiring: OPM Should Collect and Share COVID-19 Lessons Learned to Inform Hiring during Future Emergencies,* GAO-22-104297 (Washington, D.C.: Oct. 25, 2021).

[4]Department of Veterans Affairs, Office of Inspector General, *Veterans Health Administration: Potential Risks Associated with Expedited Hiring in Response to COVID-19,* Memo 20-00541-34, (Washington, D.C.: March 2021).

[5]Department of Veterans Affairs, Office of Inspector General, *Potential Risks Associated with Expedited Hiring in Response to COVID-19*, 6-8.

those processed as "expedited." Additionally, we interviewed officials—from VHA headquarters and the Veterans Integrated Services Networks (VISN)—who oversee onboarding tasks. We also collected information on onboarding practices from HR officials in the 18 VISNs via an emailed structured questionnaire, receiving a 100 percent response. In addition, we requested data on onboarding from the USA Staffing system, the Office of Personnel Management data system that VA has customized to track its new employee onboarding tasks.

For the data request, our scope was limited to staff who (1) have direct clinical involvement in patient care (e.g., physicians and nurses); (2) were new to federal service and would need onboarding tasks completed; and (3) had a start date between May 1, 2020 and December 31, 2021. However, after VHA officials compiled and reviewed USA Staffing system data in response to our request, they determined—and we concurred—that the data were not reliable for our reporting purposes. We discuss these issues in more detail in our report.

Lastly, we assessed the extent to which VHA's onboarding data and procedures support the Department's goals to (1) standardize all human capital policies and practices, and (2) facilitate consistent implementation of policies, processes, and HR programs across VA.[6] In assessing the onboarding data and procedures, we relied on relevant federal internal control standards, specifically, the principles that management should (1) design and implement policies and procedures to fulfill the mission and objectives of the entity; and (2) use quality information to achieve the entity's objectives.[7] For more detailed information on our methodology, see appendix I.

We conducted this performance audit from January 2022 to January 2023 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that

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[6]Department of Veterans Affairs, *Fiscal Years 2022-2028 Strategic Plan*.

[7]GAO, *Standards for Internal Control in the Federal Government*, GAO-14-704G (Washington, D.C.: Sept. 10, 2014). Internal control comprises the plans, methods, policies, and procedures used to fulfill the mission, strategic plan, goals, and objectives of the entity.

the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

VHA's HR Transformation Initiative

In 2019, VHA began an initiative meant to consolidate its HR services to be more effective and responsive. The first phase of the initiative—now complete—consolidated its facility-led HR offices and now each VISN has its own HR office. As part of the second phase of the initiative, VHA headquarters established the Employee Onboarding Standardization Project team. According to VHA officials, the team of stakeholders—HR, credentialing, and the labs where drug testing is performed—is trying to implement a standardized onboarding process as well as incorporate information about other non-HR office tasks—such as physical exams—within the USA Staffing onboarding module. As of June 2022, according to VHA officials, the project team has defined roles and responsibilities for all staff engaged in onboarding and are currently developing new job aids to implement a standardized onboarding process.

VHA's Onboarding Process

There are five key onboarding tasks that typically must be completed before VA hires new staff, including clinicians. These tasks are designed to ensure that those providing care to veterans and working in VHA facilities are qualified, capable, and free of problematic background issues.

1. **Credentialing.** Determines if providers—such as physicians and dentists—meet clinical standards, which consists of screening and evaluating qualifications and other credentials—including licensure, education, and relevant training.[8]

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[8]Credentialing is the process by which VHA medical facilities determine whether providers have the appropriate professional qualifications and clinical abilities to care for patients. VHA officials are required to examine information derived from the provider's application, state licensing boards, professional references, and the National Practitioner Data Bank, among other information. We have previously made recommendations to improve training, guidance, and oversight related to credentialing to help prevent disqualified providers from delivering patient care. See GAO, *Veterans Health Administration: Greater Focus on Credentialing Needed to Prevent Disqualified Providers from Delivering Patient Care*, GAO-19-6 (Washington, D.C.: Feb. 28, 2019).

2. **Fingerprinting.** Provides identity-verification and any criminal history.[9]

3. **Background investigations.** Verifies that the new hire does not have a criminal record or other issues that makes them unsuitable for employment.

4. **Drug testing.** Screens for illegal drug usage by VHA's staff that could affect patient care. Testing is performed for staff entering certain clinical positions, such as physicians, dentists, and nurses, as well as pharmacists, therapists, medical machine and laboratory technicians.[10]

5. **Physical examinations.** Confirms employees can meet any position-specific medical and physical requirements. For example, requirements for a paramedic position would be the ability to withstand extended periods of heavy moving and lifting of patients in a variety of situations.

Offices Engaged in Onboarding

Several offices, within and outside of VA and VHA, are responsible for developing policies and procedures related to onboarding and overseeing and completing onboarding tasks for new VHA staff.

Overall, VHA's Workforce Management and Consulting Group, within VHA's Office of Human Capital, provides advice and assistance to VHA leadership on HR issues—including hiring and onboarding—and develops related policies, programs, and projects, such as VHA's HR Transformation Initiative. VISN HR staff manage the overall hiring process for VHA medical facilities from job posting to extending a job offer. VISN and medical facility staff are responsible for implementing VHA's onboarding process by completing onboarding tasks for new hires.

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[9]Using fingerprints to run a criminal history check is referred to as a Special Agreement Check or SAC. In this report, we use the term "fingerprinting" to include that process. Past VA Office of Inspector General work has found data reliability issues related to background investigations, such as missing and incomplete data. See Department of Veterans Affairs, Office of Inspector General, *Veterans Health Administration: Audit of the Personnel Suitability Program,* #17-00753-78 (Washington, D.C.: Mar 26, 2018).

[10]Testing designated positions generally involve law enforcement, national security, the protection of life and public health or safety or other functions requiring a high degree of trust and confidence as determined by the VA Secretary.

The offices involved in the five key onboarding tasks include the following:

- **Credentialing:**
  - Credentialing and Privileging Office, within VHA's Quality and Patient Safety Office, provides policy and guidance to those medical facility staff performing new hire provider credentialing duties.[11]
  - Credentialing and Privileging staff at the hiring VHA medical facility verify the new hire's professional credentials.[12]

- **Fingerprinting and background investigations:**
  - VA's Personnel Security and Credential Management office within the VA Office of the Assistant Secretary for Human Resources and Administration/Operations, Security, and Preparedness creates policy governing the fingerprint check and background investigation tasks. The VHA Personnel Security Program office within VHA Workforce Management and Consulting Group provides personnel security oversight to VISNs and medical centers through policy and guidance.
  - The VISN Personnel Security office is responsible for obtaining fingerprints, coordinating with the Defense Counterintelligence and Security Agency (part of the Department of Defense) for fingerprint checks and background investigations, and final background investigation adjudication and determination of suitability for employment.

- **Drug testing and physical examinations:**
  - There are several VA and VHA offices involved in policy, guidance, and oversight for drug testing and physical examinations, as noted below:
    - The Employee Relations and Performance Management Service in the Office of the Chief Human Capital Officer develops policy and guidance on VA's Drug-Free Workplace program, which determines which staff require pre-employment drug tests.

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[11]In commenting on a draft of this report, VA officials told us that the Credentialing and Privileging Office was formerly named Medical Staff Affairs.

[12]Privileging occurs at the facility-level office after credentialing is complete, and involves determining what services the clinician is allowed to provide based on qualifications and experience. Privileging is outside the scope of this report.

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- VHA's Office of Occupational Health Services provides regulatory oversight for the Drug-Free Workplace program within VHA.

- The Work Life and Benefits Service within the VA Office of the Chief Human Capital Officer and the VHA Office of Occupational Health Services develop policy and guidance related to pre-employment physical exams for VA and VHA, respectively.

- Laboratory staff at VHA medical facilities collect samples for drug testing. Employee Occupational Health staff at VHA medical facilities conduct pre-placement physical exams. VISN HR offices work with medical facility Occupational Health staff to schedule time for conducting these onboarding tasks.

See figure 1 for the offices involved in completing the key onboarding tasks.

Figure 1: Offices Involved in New Hire Onboarding in the Veterans Health Administration (VHA)
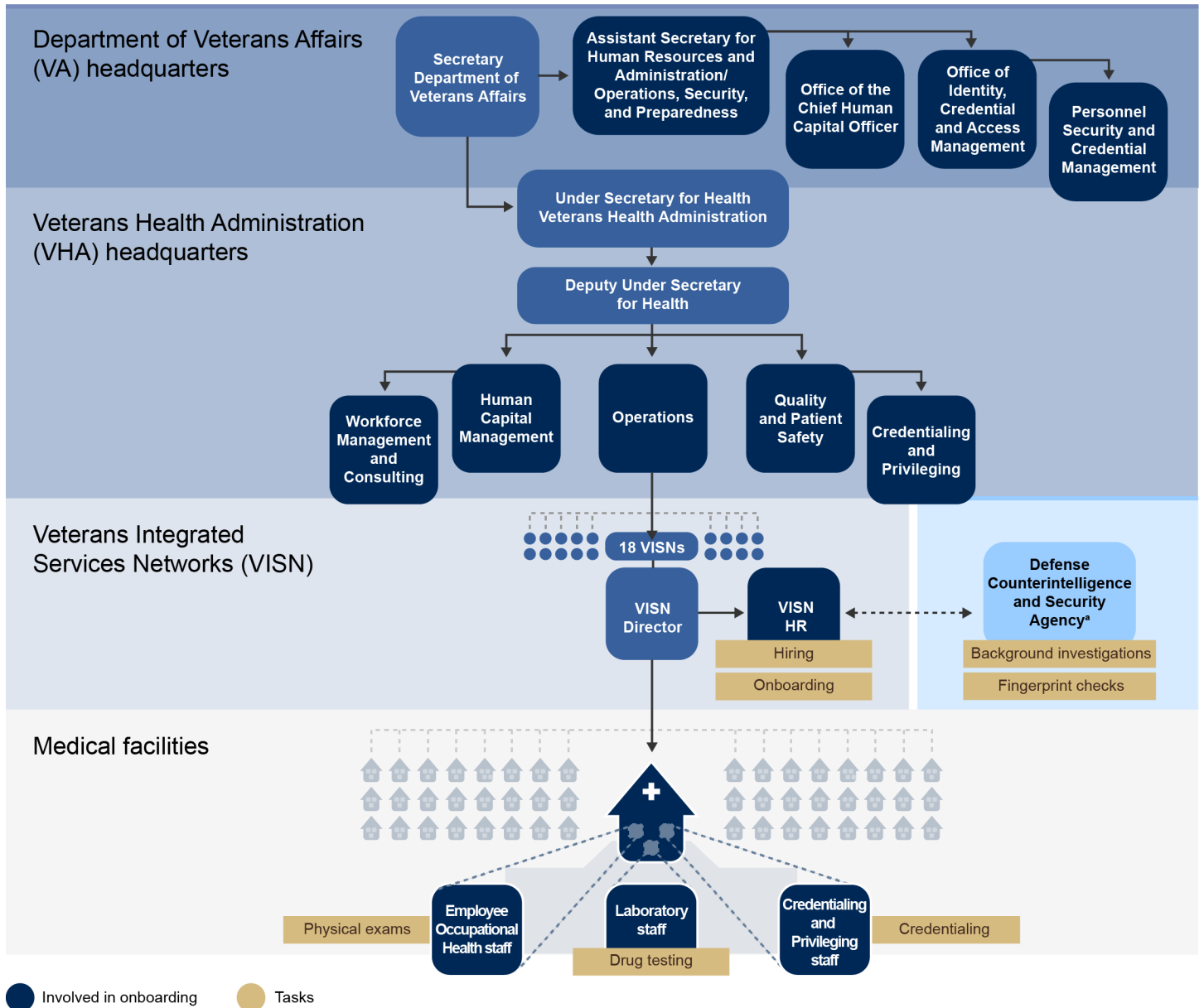
Source: GAO analysis of Department of Veterans Affairs information. | GAO-23-105706

[a]The Defense Counterintelligence and Security Agency, part of the Department of Defense, conducts background investigations for other federal agencies, like VA.

GAO-23-105706 VHA Onboarding New Clinical Staff

VHA's Expedited Onboarding Process for Clinical Staff Hired during the COVID-19 Pandemic

In response to the COVID-19 pandemic, the VA Office of the Chief Human Capital Officer issued a bulletin laying out the minimum onboarding requirements for all personnel, and procedures for those tasks that could be modified or deferred to accelerate the onboarding process.[13] An important change VHA made to its process was to allow some onboarding tasks to be completed after hiring, instead of before.[14] For example, the COVID-19 modified procedures, laid out in the bulletin, allowed for deferred physical examinations, but required the employee to submit medical information such as vaccination records prior to beginning work. The bulletin defined procedures and time frames for five key tasks to be completed after the employee had begun their employment at a VHA medical facility, as summarized in table 1.

Table 1: Summary of Veterans Health Administration's (VHA) Expedited Onboarding Process during the COVID-19 Pandemic

Onboarding task	Expedited process
Credentialing	New hires may begin work in advance of full credentialing if temporary credentialing is completed. Temporary credentialing is permitted for those new providers without a history of licensure actions or paid malpractice claims, and requires the following: • verification of one active state license; • prime source verification of one clinical professional reference (for licensed practitioners), and provision of one clinical reference (for non-licensed practitioners); and • enrollment in the National Practitioner Data Bank—a web-based database available to help facilities identify providers who may have a record of misconduct or substandard care—Continuous Query. Within 30 days of the expedited onboarding, a full credentialing application must be submitted by new clinical staff. Full credentialing by VHA medical facility staff must be completed within 120 days.
Fingerprint check	New hires may begin work without fingerprinting, if any of these three conditions are met: 1. the fingerprint office at the local facility is closed; 2. the new hire is unable to travel to a fingerprinting office; or 3. fingerprinting would delay onboarding by 3 or more days. If fingerprinting is not completed, the employee may not be issued a Personal Identity Verification card, which is used to identify the holder as a VHA employee and to access VHA computer systems. A fingerprint check must be completed before the background investigation can be adjudicated (see below).[a]
Background investigation	New hires may begin work before completing the fingerprinting process, but the background investigation adjudication and a determination of suitability for employment cannot be finalized until the fingerprint check is completed.

[13]Department of Veterans Affairs, Office of the Chief Human Capital Officer, *Expedited Onboarding Processes for COVID-19 Hires,* Apr. 22, 2020.

[14]Although deferring onboarding activities was a change made during the COVID-19 pandemic, temporary credentialing was allowed previously in emergent situations when clinical skills are required to address an emergent patient care need. See VHA Directive 1100.20, Credentialing of Health Care Providers, for more information.

Onboarding task	Expedited process
Drug testing	New hires may begin work and postpone drug testing if needed, as long as the applicant signs an acknowledgment that a successful drug test is a condition of permanent employment. Drug testing must be scheduled as soon as possible, but no later than 90 calendar days from the date of hire. According to VHA officials, the option to postpone drug testing expired as of July 15, 2022.[b]
Physical examination	New hires may begin work and delay exams as long as the applicant signs an acknowledgement that successful completion of a physical examination is a condition of permanent employment. All delayed exams must be completed no later than 12 months from date of hire.

Source: GAO analysis of Department of Veterans Affairs information. | GAO-23-105706

[a]VA guidance for deferred fingerprinting does not specify a time frame by which fingerprinting must be completed.
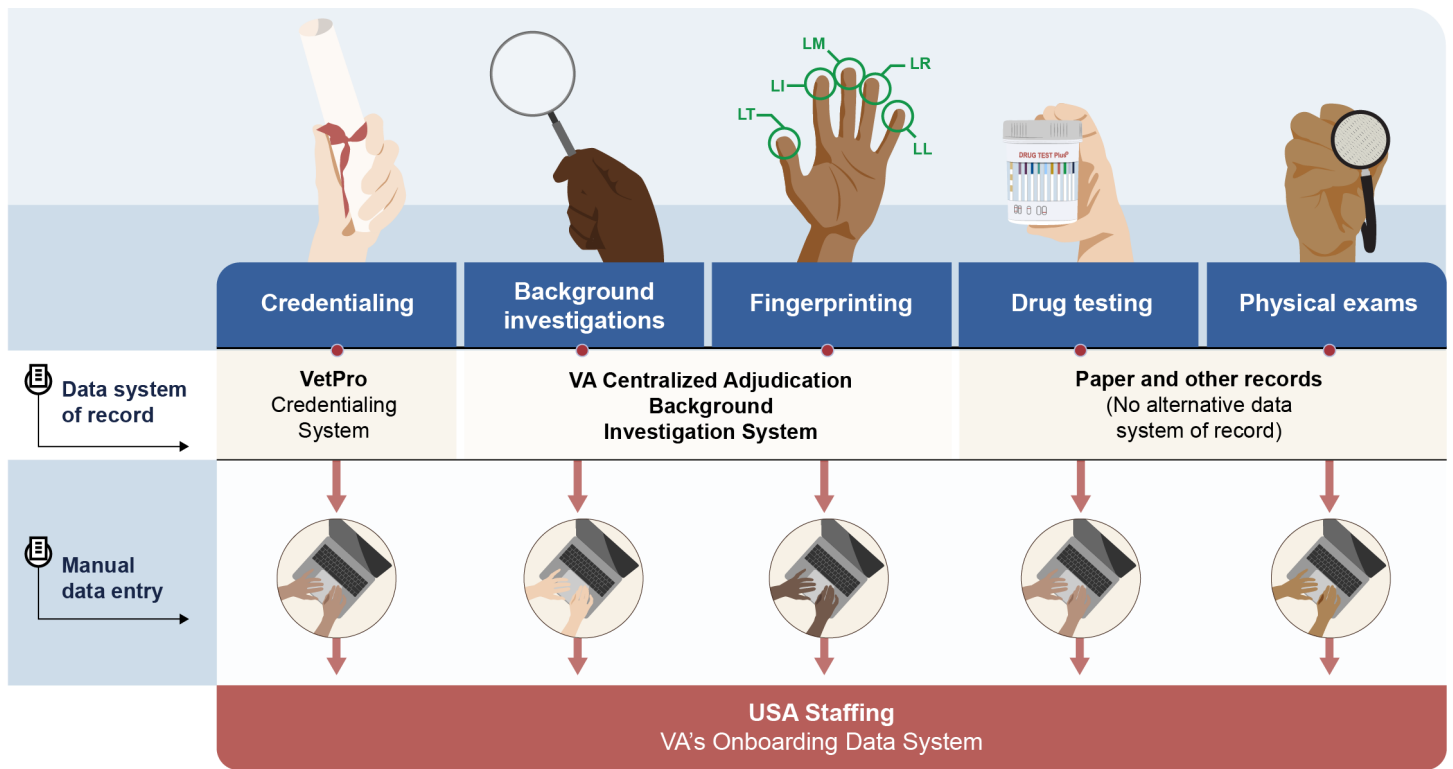
[b]According to VHA officials, VA will not extend postponement of drug testing for new hires.

Prior to the COVID-19 pandemic, VHA's requirements were generally to have the five key onboarding tasks—credentialing, fingerprint checks and background investigations, drug testing and physical examinations—completed prior to employees reporting for work. Historically, onboarding took upwards of 60 days, according to VHA's COVID-19 Response Report.[15]

The various offices involved in the onboarding process use different data systems, or, in some cases, paper-based files, to document completion of the key onboarding tasks (see figure 2).

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[15]Department of Veterans Affairs, Veterans Health Administration, *Coronavirus Disease 2019 (COVID-19) Response Report.* October 27, 2020.

Figure 2: Flow of Onboarding Data for Veterans Health Administration New Clinical Staff

	Credentialing	Background investigations	Fingerprinting	Drug testing	Physical exams
Data system of record	VetPro Credentialing System	VA Centralized Adjudication Background Investigation System		Paper and other records (No alternative data system of record)	
Manual data entry					

USA Staffing VA's Onboarding Data System

For example, within VetPro, VHA's credentialing data system, medical facility staff verify a provider's information and indicate when all of the provider's required credentialing information is verified. In addition, VISN HR specialists and suitability adjudicators indicate when background investigation adjudications are complete in VA's Centralized Adjudication Background Investigation System. VHA policy requires that these data systems be used, and are therefore the systems of record for those onboarding tasks.[16] According to officials, these systems are not interoperable.

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[16]VetPro is the system of record for credentialing and required by VHA Directive 1100.20. VA's Centralized Adjudication Background Investigation System is the system of record for background investigations and fingerprinting and is required by a policy update to VA Handbook 0710.

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USA Staffing, however, is designed to support onboarding tasks for federal agencies government wide.[17] VHA's Workforce Management Consulting Group modified the existing onboarding module in USA Staffing to capture data about VHA-specific onboarding tasks, such as credentialing and pre-placement physical exams. VHA officials told us the USA Staffing onboarding module is to be used for all onboarding, regardless if expedited or not. The onboarding data—e.g., task completion dates—must be manually entered into USA Staffing.

According to VHA officials, the responsibility for entering data into the onboarding module of USA Staffing varies depending on the type of information, and how each of the 18 VISN HR offices has organized its operations. At some VISNs, Credentialing and Privileging or Occupational Health offices have access to USA Staffing and are responsible for entering the required information for credentialing, or physical exams. In other VISNs, the HR staff enters the information obtained from other onboarding offices or their data systems into USA Staffing to show that onboarding tasks—credentialing, physical exams, etc.—have been completed.

A Lack of Reliable Data in USA Staffing Limits VHA's Ability to Oversee the Expedited Onboarding Process

VHA uses data from the USA Staffing system to oversee its expedited onboarding process. While multiple data systems are involved in onboarding tasks, USA Staffing is the only system that collects data on the completion of all key onboarding tasks that could have been expedited or deferred during the COVID-19 pandemic. VHA officials said that USA Staffing has been the system of record for onboarding since December 2018, and that VISN HR staff are responsible for ensuring completion dates for onboarding tasks are recorded in the system. VHA officials said that VISN HR offices are ultimately responsible for onboarding data in USA Staffing, including overseeing the USA Staffing data and ensuring its completeness. VHA officials said that VHA headquarters staff provide overall oversight of the data and support to the VISNs. Specifically, headquarters staff said they coordinated one audit with VISN HR offices and are planning future national-level audits. Additionally, VHA headquarters staff said they are developing a

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[17]USA Staffing is a government-wide staffing tool developed by the Office of Personnel Management, and is used to recruit, evaluate, assess, certify, select, and onboard staff. According to the Office of Personnel Management website, one of the benefits of the tool is to streamline the onboarding process. According to officials, some important onboarding data (in particular, whether an employee had a favorable outcome for the onboarding task) is not available in USA Staffing.

methodology for targeted review of deferred onboarding tasks for VISN-level staff to use during annual and ad-hoc reviews.

However, in collecting USA Staffing data for our review, VHA officials determined that the data are not reliable, which significantly limits the agency's ability to oversee the expedited onboarding process and ensure tasks were completed in a timely manner. Our review found that VISN and medical facility staff did not consistently enter completion data for the key onboarding tasks into USA Staffing's onboarding module. When they did enter the information, VHA officials told us it could be incorrect or late. As a result, VHA lacks the reliable data—complete, accurate, and timely—it needs to monitor the completion of key onboarding tasks that were expedited or deferred during the COVID-19 pandemic. Our work and VHA's own analysis identified the following problems with the USA Staffing onboarding module and its data.

Inconsistent use of USA Staffing onboarding module. VISN HR officials told us that while VISN HR staff record onboarding tasks in USA Staffing, VHA facility staff do not always do so. For example, 11 VISN HR directors reported that credentialing staff at their medical facilities do not use USA Staffing. Similarly, 12 VISN HR directors reported that the employee occupational health offices do not use USA Staffing. Similarly, VHA headquarters staff likewise acknowledged that not all staff at VHA facilities are using USA Staffing. Officials also stated that some medical facility and VISN level staff may use other tracking methods, such as spreadsheets, instead of USA Staffing to track onboarding tasks. Using one of these methods outside of the system of record could affect data reliability in USA Staffing because staff must manually re-enter completion dates in USA Staffing.

Missing information about newly hired employees. We found that information about whether an employee was new to federal service was unavailable in USA Staffing for a majority of employees in our data analysis period (May 2020 through December 2021). This information is important for assessing deferred onboarding tasks, because required onboarding tasks may be different for employees new to federal service compared to employees transferred from another agency, or, VA employees hired into a new position within the agency. Specifically, when we requested data about newly-hired clinical staff who were new to federal service and had start dates from May 1, 2020 through December 31, 2021, VHA could identify whether employees were new to federal service for only 18 percent (13,607 of 75,632) of employees hired during that period using data in USA Staffing.

VHA did not track this information in USA Staffing before December 2020, according to VHA officials. Officials further acknowledged the information was not consistently tracked in USA Staffing once the capability to do so was introduced.[18] VHA is unable to make this information required in the USA Staffing system, because the information is not required by The Office of Personnel Management, according to officials. As a result, VHA could not use USA Staffing data to tell us, reliably, the number of COVID-19 clinical staff hires new to federal service that required the key onboarding tasks, as well as whether the required onboarding tasks were completed for these employees.

Incorrect and untimely data entries. The VHA Workforce Management Consulting Group and one VISN HR official told us that key dates and fields are not consistently defined and as a result, staff entered data into USA Staffing differently across the medical facilities. For example, VHA Workforce Management Consulting Group officials said that their expectation was that the date a task was completed would be entered into USA Staffing and not the date of data entry. However, officials from this group told us that some staff would enter the current date into USA Staffing—making it impossible to track timely completion of onboarding tasks. Further, an official from VHA's Credentialing and Privileging office said a team from the office had analyzed a sample of provider records and found significant date-of-completion discrepancies between Vet Pro, the credentialing system of record, and USA Staffing. This official emphasized that accurate information about credentialing would need to come from Vet Pro, not USA Staffing. Additionally, an official from the VHA Personnel Security and Credentialing Program Office said that their office had identified similar issues with dates for tasks such as fingerprint checks and background investigations. Officials from VHA's Workforce Management Consulting Group confirmed that similar data entry issues exist for other key tasks, in particular new hire physical examinations and drug testing.

We found two factors contributed to the incomplete and inconsistent onboarding data in USA Staffing—lack of a comprehensive policy

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[18]According to VHA officials, tracking of new hire information has improved in USA Staffing after the reporting period of May 2020-December 2021. Specifically, they reported that 75 percent of employees hired in the fourth quarter of fiscal year 2022 have this information recorded in USA Staffing.

requiring the use of USA Staffing's onboarding module and guidance to help staff enter data in a consistent manner.

Lack of a comprehensive policy requiring the use of USA Staffing for onboarding clinical staff: In December 2018, VA's Deputy Assistant Secretary for HR Management issued instructions, through a letter, that HR staff were to use USA Staffing to load and manage some onboarding tasks, such as fingerprinting.[19] However, the letter is silent on how, if at all, USA Staffing is to be used to track the other key onboarding tasks— credentialing, drug testing, and physical examinations. Further, the HR management letter does not address all of the staff that perform data entry into USA Staffing, such as VHA medical facility staff. According to VHA officials, as of September 2022, a policy to require the use of the USA Staffing Onboarding Module was in development, but not in place. However, it is unclear whether the policy will address all onboarding tasks, and whether it will address all staff involved in entering onboarding information into USA Staffing.

Having a clear, comprehensive policy that outlines specific requirements for the use of USA Staffing for the onboarding process would help ensure more complete onboarding data, which would help VA evaluate the effectiveness of VA's expedited onboarding process. VHA leadership has a stated goal of improving the onboarding process and related data. For example, a workgroup from VHA's HR Transformation Initiative—the Employee Onboarding Standardization Project team—made a recommendation to mandate that all VA and VHA offices responsible for onboarding task completion use USA Staffing. Likewise, the Deputy Under Secretary for Health issued an email message on May 3, 2022 supporting broader usage of USA Staffing.

Federal internal control standards call for agencies to design and implement policies and procedures to fulfill the mission and objectives of the entity.[20] In our past work, we have identified ambiguous policies and inconsistent processes as a high-risk issue for VHA.[21] Without a clear, comprehensive policy requiring the use of USA Staffing, the use of this system will likely be inconsistent, and as a result, VHA will continue to

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[19]*Human Resources Management Letter No. 05-18-15*. The letter stated that HR staff should follow the guidance in the instruction until VA Handbook 5005 is updated.

[20]GAO-14-704G.

[21]GAO, *High-Risk Series: Dedicated Leadership Needed to Address Limited Progress in Most High-Risk Areas* GAO-21-119SP (Washington, D.C.: Mar. 2, 2021).

lack the complete data it needs to oversee the completion of onboarding tasks.

Lack of comprehensive guidance for using USA Staffing, including definitions for data entry fields: Based on VISN officials' experiences, another contributing factor to incomplete and inaccurate onboarding data in USA Staffing is the numerous and varied guidance staff have received. VHA officials told us that key dates and data fields in USA Staffing are not consistently defined and as a result, onboarding staff had entered data into USA Staffing in different ways. Although VHA has issued various guidance and instructions on how to enter information into USA Staffing, we found that VISN HR directors cited varying amounts of guidance for entering information into USA Staffing and some VISN HR directors were dissatisfied with the guidance. For example, according to some VISN officials, it was not comprehensive enough to fully address how to enter information into USA Staffing.[22]

Since we began our work, VHA headquarters officials have continued to update and add fields and workflows in the USA Staffing module for outcome information and completion dates for drug testing and credentialing. When they made these additions, VHA headquarters staff emailed related guidance to the VISNs, including some field definitions. However, one HR director characterized headquarters' guidance as sporadic, and noted that a comprehensive document that would give a precise operational definition of what should go into each field would be helpful. Providing comprehensive guidance on how to enter information into USA staffing—including clear data field definitions—will help ensure that VISN and medical facility staff are entering into USA Staffing complete, accurate, and timely data on the completion of expedited onboarding tasks. Comprehensive guidance—i.e., detailed and uniform across the entity—is a key mechanism to ensure management has quality information available to facilitate decision-making, monitor program performance, and achieve agency-goals.[23]

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[22]Based on our emailed structured questionnaire of all 18 VISNs, we received a range of responses regarding the guidance for entering onboarding information into USA Staffing. One VISN HR director stated that they are not familiar with any comprehensive guidance. Other HR directors reported receiving a wide variety of guidance, including regular updates from VHA headquarters' USA Staffing program by way of email, job aid updates, and standing meetings.

[23]GAO-14-704G.

Ensuring that USA Staffing has complete, accurate, and timely data is crucial to both VHA's ability to oversee the completion of onboarding tasks as well as its ability to identify and make improvements to these processes. According to the charter for VHA's Onboarding Standardization Project, a key goal is to establish a target benchmark for how long it should take for onboarding tasks, such as drug testing, and physical examinations, to be completed, which would require USA Staffing data. Additionally, the group aims to standardize the onboarding process to improve the agency's ability to efficiently onboard personnel. In a February 2022 speech on investing in VA employees, the Secretary of VA stated that redesigning the national onboarding process was a key priority for VA in order to expedite hiring.[24]

Conclusions

There are risks to bringing on clinical staff prior to completing all of the onboarding tasks that help ensure that new hires have the qualifications and backgrounds to care for veterans in VHA medical facilities. Therefore, it is critical that VHA track the key onboarding tasks—such as credentialing and fingerprint checks—to ensure they are completed in a timely manner. VHA has taken initial steps in this effort, including updating its HR system of record—USA Staffing—to track onboarding that could have been expedited. A single source of information, like USA Staffing, could be particularly useful to collect onboarding completion information from disparate offices and data systems.

However, USA Staffing data are not complete, accurate, or timely because VHA does not require use of USA Staffing and has not provided comprehensive guidance on how data should be entered into it. Complete and accurate data from USA Staffing would also help VHA in its efforts to standardize and improve its onboarding process in order to bring staff on quickly and efficiently, while ensuring VHA can oversee onboarding and ensure that clinical providers are fully and appropriately qualified to provide care to veterans.

Recommendations

We are making the following two recommendations to VA:

The Under Secretary for Health should require all offices involved in onboarding to use USA Staffing to monitor onboarding tasks and completion dates. (Recommendation 1)

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[24]Denis R. McDonough, "Investing in VA Employees," February 9, 2022, Charleston, S.C., accessed 8/15/2022, https://www.va.gov/opa/speeches/2022/02_09_2022.asp.

GAO-23-105706 VHA Onboarding New Clinical Staff

The Under Secretary for Health should ensure that Veterans Integrated Services Networks and medical facilities have clear and comprehensive guidance on entering data into USA Staffing, including data-level definitions. (Recommendation 2)

Agency Comments

We provided a copy of this draft report to VA for review and comment. In its written comments, reproduced in appendix II, VA concurred with our two recommendations and identified actions it is taking to address them. For example, VHA is developing an implementation plan that includes, among other things, drafting and issuing an Under Secretary for Health memorandum mandating relevant staff use USA Staffing. In addition, VHA stated they have begun developing data-level definitions for upcoming user guides for USA Staffing. VA also provided technical comments, which we incorporated as appropriate.

As agreed with your office, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from its issue date. At that time, we will send copies to the appropriate congressional committees and the Secretary of Veterans Affairs. In addition, the report is available at no charge on the GAO website at https://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or silass@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix III.

Sincerely yours,

Sharon M. Silas
Director, Health Care

Appendix I: Objectives, Scope, and Methodology

The objectives of this report are to (1) describe the Veterans Health Administrations' (VHA) expedited onboarding process for clinical staff hired during the COVID-19 pandemic, and (2) examine the data VHA uses to oversee the expedited onboarding process.

For both of our objectives, we reviewed Department of Veterans Affairs (VA) and VHA policies and guidance for full and expedited onboarding procedures— verifying clinical staffs' qualifications and licenses to practice (credentialing), physical examinations, drug testing, fingerprint checks and background investigations. We also interviewed officials who are involved in onboarding tasks from: VA's Office of the Chief Human Capital Officer; the Personnel Security and Credential Management Office within the VA Office of the Assistant Secretary for Human Resources and Administration/Operations, Security, and Preparedness; and VHA's Workforce Management and Consulting Group and Credentialing and Privileging office.

We also collected information on how the 18 Veterans Integrated Services Networks (VISN)—whose human resources (HR) staff manage onboarding tasks and related hiring activities—have used the expedited onboarding process and, how they track completion of the onboarding tasks. Specifically, we emailed all VISN HR directors a structured questionnaire, and received a 100 percent response. To augment the information in the questionnaire responses, we judgmentally selected five VISN HR directors to interview. Based on our analysis of the questionnaire responses, we made our selections in order to speak to a group of VISNs who used USA Staffing—VHA's HR system of record—to varying degrees to track onboarding tasks.

Additionally, in order to understand what data is collected by each office to track completion of the tasks, we received demonstrations from VHA staff on the four data systems that support hiring and onboarding activities: (1) VetPro, which is used to track credentialing; (2) VA Centralized Adjudication Background Investigation System, which is used to track the adjudication (determination of suitability or unsuitability for employment) of background investigations and fingerprint checks; (3) HR Smart, which is used for initiating the recruitment process and storing HR information; and (4) USA Staffing, the Office of Personnel Management data system that VA has customized to track its new employee onboarding tasks.

Based on the results of the demonstrations and our review of related documentation—user manuals, data dictionaries—we determined that a

data request from USA Staffing would be most beneficial to our work. The
USA Staffing data set we requested was (1) limited to employees who
were new to federal service and are more likely to need the five key
onboarding tasks and (2) those who have direct involvement in patient
care as identified in Office of Personnel Management Job Series 600 and
180 (i.e., clinical staff) (see table 2). Staff in these job series are more
likely to require credentialing and present a higher risk to patient care if
their onboarding tasks are not completed in a timely manner, given their
direct interaction with patients.

**Table 2: Office of Personnel Management Job Series for VHA Clinical Staff Included
in USA Staffing Data Request**

Job Series	Position Description
0601	General Medical and Healthcare
0602	Physician
0603	Physician Assistant
0610	Nursing
0620	Practical (Vocational) Nurse Series
0621	Nursing Assistant Series
0630	Dietetics and Nutrition
0631	Occupational Therapist
0633	Physical Therapist
0635	Kinesiotherapy
0636	Rehabilitation Therapy Assistant Series
0638	Recreation/Creative Arts Therapy
0644	Clinical Laboratory Science
0651	Respiratory Therapist Series
0660	Pharmacy
0661	Pharmacy Technician Series
0662	Optometry
0665	Speech/Language Pathology and Audiology
0668	Podiatry
0680	Dentistry
0180	Psychology

Source: Veterans Health Administration (VHA) and Office of Personnel Management information. | GAO-23-105706

The requested dataset covered the majority of clinical staff with a start
date at a VHA facility between May 1, 2020, and December 31, 2021.
This time frame ensured that new hires in the data set were brought on

board after guidance from VA's Office of the Chief Human Capital Officer
regarding expedited onboarding was issued. Furthermore, according to
the timelines established by that guidance, at the date of our request April
14, 2022, most onboarding tasks with deadlines should have been
completed. We requested the following information for those
employees—new to federal service—hired during our specified time
frame. In addition to demographic information for the newly hired staff—
name, VISN and facility, type of hire, etc.—the data request included the
start date for the new employee, and completion dates for all pertinent
onboarding tasks available in USA Staffing. However, after VHA had
compiled and reviewed data in response to our request, officials
determined—and we concurred—that the data were not reliable for our
reporting purposes, as discussed in this report.

Lastly, we assessed the extent to which VHA's onboarding data and
procedures support the Department's goals to (1) standardize all human
capital policies and practices, and (2) facilitate consistent implementation
of policies, processes, and HR programs across VA.[1] In assessing the
onboarding data and procedures, we relied on relevant federal internal
control standards, specifically, the principles that management should: (1)
design and implement policies and procedures to fulfill the mission and
objectives of the entity; and (2) use quality information to achieve the
entity's objectives.[2]

We conducted this performance audit from January 2022 to January 2023
in accordance with generally accepted government auditing standards.
Those standards require that we plan and perform the audit to obtain
sufficient, appropriate evidence to provide a reasonable basis for our
findings and conclusions based on our audit objectives. We believe that
the evidence obtained provides a reasonable basis for our findings and
conclusions based on our audit objectives.

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[1]Department of Veterans Affairs, Department of Veterans Affairs Fiscal Years 2022-2028
Strategic Plan (Washington, D.C. April 2022).

[2]GAO, *Standards for Internal Control in the Federal Government*, GAO-14-704G
(Washington, D.C.: Sept. 10, 2014). Internal control comprises the plans, methods,
policies, and procedures used to fulfill the mission, strategic plan, goals, and objectives of
the entity.

Appendix II: Comments from the Department of Veterans Affairs

DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

December 27, 2022

Ms. Sharon M. Silas
Director
Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Director Silas:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: *VA HEALTH CARE: VHA Lacks Reliable Onboarding Data for New Clinical Staff* (GAO-23-105706).

The enclosure contains technical comments and the action plan to address the draft report recommendations. VA appreciates the opportunity to comment on your draft report.

Sincerely,

Tanya Bradsher
Chief of Staff

Enclosure

Department of Veterans Affairs (VA) Response to the
Government Accountability Office (GAO) Draft Report
***VA HEALTH CARE: VHA Lacks Reliable Onboarding
Data for New Clinical Staff***
(GAO-23-105706)

<u>Recommendation 1:</u> **The Under Secretary for Health should require all offices
involved in onboarding to use USA Staffing to monitor onboarding tasks and
completion dates.**

<u>VA Response:</u> Concur. The Veterans Health Administration (VHA) conducted an
onboarding sequester in March 2022 with key stakeholders from across VHA. One of
the top recommendations was to mandate the use of USA Staffing in all
areas/departments responsible for onboarding tasks, so work is already in progress to
implement this recommendation. The onboarding task owners are human resources,
personnel security offices, employee occupational health, credentialing and privileging.

All onboarding task owners have agreed to utilize USA Staffing for tracking of
onboarding tasks/completion of requirements. The Employee Onboarding
Standardization Team is developing an implementation plan that will include the
following:

- Completing labor obligations (includes bargaining at the national level with multiple
  labor partners);
- Drafting and issuing Under Secretary for Health memorandum mandating all
  stakeholders utilize USA Staffing, and that all onboarding task owners to be granted
  access to USA Staffing for access to relevant onboarding information and for timely
  and accurate data entry into the system of record;
- Joint communication plans developed by onboarding task owners to ensure
  communication to all staff involved in the completion of onboarding tasks, so all
  receive the same message and understand the requirements;
- Developing training specific to each onboarding task; and
- Developing methodology for evaluating compliance.

Target Completion Date: August 2023

<u>Recommendation 2:</u> **The Under Secretary for Health should ensure that Veterans
Integrated Services Networks and medical facilities have clear and
comprehensive guidance on entering data into USA Staffing, including data-level
definitions.**

<u>VA Response:</u> Concur. Data-level definitions have already been developed and
continue to be refined and will be retained in a single location to ensure integrity of the
information. User guides (with a link to the data-level definitions) will be developed to
assist all staff involved in the completion of onboarding tasks in accessing the system,
extracting necessary information and entering accurate and timely information.

Target Completion Date: August 2023

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact	Sharon M. Silas, (202) 512-7114, silass@gao.gov
Staff Acknowledgments	In addition to contact named above, Marcia A. Mann (Assistant Director), Kristeen McLain (Analyst-in-Charge), Lily Besel, Q. Akbar Husain, and Brittaini Maul made key contributions to this report. Also contributing were Ravi Sharma, Ethiene Salgado-Rodriguez, Cathy Hamann Whitmore, and Jennifer Whitworth.