



June 2021

COVID-19

Implementation and Oversight of Preparedness Strategies at Veterans Affairs Medical Centers

GAO@100 Highlights

Highlights of [GAO-21-514](#), a report to congressional addresses

Why GAO Did This Study

VHA provides health care to more than 10 million veterans each year, offering a range of services at approximately 170 VAMCs nationwide. In January 2020, components of VHA's emergency management system began coordinating the agency's efforts to prepare for the COVID-19 pandemic so VAMCs could continue the delivery of services while maintaining the health and safety of patients and staff.

The CARES Act includes a provision for GAO to report on its ongoing monitoring and oversight efforts related to the COVID-19 pandemic. This report describes VHA efforts to prepare for COVID-19, including (1) how selected VAMCs implemented VHA's COVID-19 preparedness strategies; and (2) the steps VHA took to oversee VAMCs' implementation of preparedness strategies.

GAO reviewed VHA plans, policies, and guidance related to COVID-19 preparedness, including VHA's COVID-19 Response Plan. GAO interviewed officials at four VAMCs, a nongeneralizable sample selected based on hospital complexity and geographic diversity, as well as officials from their associated VISNs. GAO also interviewed officials from VHA's Central Office, Office of Emergency Management, HOC, and other VHA offices.

GAO provided a draft of this report to VA. In response, VA provided one technical comment, which was incorporated as appropriate.

View [GAO-21-514](#). For more information, contact A. Nicole Clowers at (202) 512-7114 or clowersa@gao.gov.

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What GAO Found

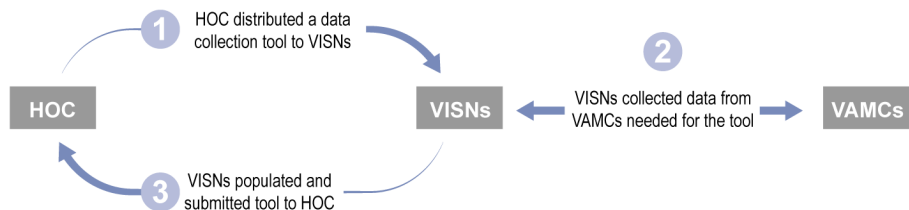
Beginning in January 2020, the Veterans Health Administration (VHA) took actions to help the Department of Veterans Affairs medical centers (VAMC) prepare for COVID-19. VHA's Office of Emergency Management facilitated the development of VHA's COVID-19 Response Plan, which defined preparedness strategies for VAMCs to mitigate the effects of COVID-19. According to VHA, preparedness refers to the development of plans, resources, and capabilities to manage and recover from the effects of emergencies. Plans for the safety of staff and patients, identification of sufficient supplies and capacity, and coherent communication were among the identified strategies.

VAMCs began implementing these strategies in February 2020. Officials from four selected VAMCs reported using similar approaches to implement VHA's preparedness strategies, such as

- developed plans for screening and testing;
- trained staff on personal protective equipment (PPE) use;
- identified the capability to expand beds in the event of a patient surge;
- conducted problem solving activities to identify gaps in response capabilities;
- counted PPE and calculated consumption rates; and
- communicated safety information to patients.

VHA oversaw VAMCs' implementation of COVID-19 preparedness strategies by collecting data on the VAMCs' efforts and holding VHA-wide conference calls. VHA's Healthcare Operations Center (HOC) worked with Veterans Integrated Service Networks (VISN) to gather data from VAMCs on a daily basis.

HOC Data Collection on COVID-19 Preparedness Strategies Implemented at VAMCs



Source: GAO analysis of Veterans Health Administration, Healthcare Operations Center (HOC), Veterans Integrated Service Network (VISN), and Department of Veterans Affairs medical center (VAMC) information. | GAO-21-514

The VHA-wide conference calls included officials from VHA Central Office, VISNs, and VAMCs, among others, and focused on the data collected. Some topics discussed included the number of VAMC staff able to provide PPE training and VAMC plans to screen staff and patients for COVID-19. VHA-wide calls were also a way to discuss data collection challenges and for VAMCs and VISNs to share best practices. In addition to the preparedness issues in this report, GAO expects to continue examining VHA's actions to address COVID-19.

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Abbreviations

COVID-19	Coronavirus Disease 2019
HOC	Healthcare Operations Center
OEM	Office of Emergency Management
PPE	personal protective equipment
VA	Department of Veterans Affairs
VAMC	VA medical center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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June 30, 2021

Congressional Addressees

Within the Department of Veterans Affairs (VA), the Veterans Health Administration (VHA) operates one of the nation's largest health care systems. VHA provides health care to approximately 10 million enrolled veterans, including an aging veteran population and a growing number of younger veterans returning from military operations. Veterans can receive a range of services at the approximately 170 VA medical centers (VAMC) throughout the nation, including traditional hospital-based services such as surgery, critical care, and mental health care. VAMCs, with the support of VHA, aim to continue the delivery of these services during emergencies, while maintaining the health and safety of patients (including both veterans and non-veterans) and staff.¹

VHA began tracking the outbreak of Coronavirus Disease 2019 (COVID-19) in January 2020. On January 21, 2020, components of VHA's emergency management system at the national, regional, and local levels began coordinating efforts to prepare for COVID-19, which included developing preparedness strategies for VAMCs.² In March 2020, VHA received \$17.4 billion in supplemental funding to support its efforts to address COVID-19.³ According to VHA, as of the end of March 2020,

¹Non-veterans may be treated in VAMCs, for example, during national emergencies as part of VA's mission assignments to provide civilian health care assistance. See 38 U.S.C. § 1785.

²In January 2020, VHA began developing its COVID-19 Response Plan that listed six "strategies to mitigate the effects of COVID-19," which included preparedness activities such as training staff and identifying hospital capability requirements. Veterans Health Administration, Office of Emergency Management, *COVID-19 Response Plan, Version 1.6* (Washington, D.C.: Mar. 23, 2020), accessed April 27, 2021, https://www.va.gov/opa/docs/VHA_COVID_19_03232020_vF_1.pdf.

³Families First Coronavirus Response Act, Pub. L. No. 116-127, div. A, tit. VI, 134 Stat. 178, 183 (2020) (\$60M) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Pub. L. No. 116-136, div. B, tit. X, 134 Stat. 281, 583 (2020) (\$17.3B). One year later, in March of 2021, VHA received an additional \$14.5 billion from the American Rescue Plan Act of 2021 for medical care and health needs. Pub. L. No. 117-2, tit. VIII, § 8002, 135 Stat. 4, 112 (2021). For more information on VA's use and oversight of supplemental funding from the CARES Act and Families First Coronavirus Response Act, see GAO, *Veterans Affairs: Use of Additional Funding for COVID-19 Relief*, [GAO-21-379](#) (Washington, D.C.: May 5, 2021)

VHA had tested roughly 14,900 veterans for COVID-19, and over 1,300 veterans diagnosed with COVID-19 were receiving care through outpatient and inpatient services at VAMCs.

The CARES Act includes a provision for us to conduct monitoring and oversight of the authorities and funding provided to address the COVID-19 pandemic, and the effect of the pandemic on the health, economy, and public and private institutions of the United States.⁴ This report, which is part of our body of work related to the CARES Act, focuses on VHA's preparedness for COVID-19 and describes VHA efforts to mitigate the effects of COVID-19 on patients and staff, including

1. how selected VAMCs implemented VHA's COVID-19 preparedness strategies; and
2. steps VHA took to oversee VAMCs' implementation of these preparedness strategies.⁵

For both objectives, we reviewed plans, policies, and guidance relating to VHA's emergency management system and VHA components' efforts to prepare for COVID-19. Specifically, we reviewed VHA's COVID-19 Response Plan, memos from VHA leadership (such as the Deputy Under Secretary for Health for Operations and Management), preparedness exercises created for VAMCs, and other documents about the emergency management system's structure and processes.⁶

To describe how selected VAMCs implemented VHA's COVID-19 preparedness strategies, we interviewed officials at a nongeneralizable sample of four VAMCs and their associated Veterans Integrated Service

One year later, in March 2021, VHA received an additional 14.5 billion from the American Rescue Plan Act of 2021, for medical care and health needs. Pub. L. No. 117-2, tit. VIII, § 8002, 135 Stat. 4, 112 (2021).

⁴Pub. L. No. 116-136, § 19010(b), 134 Stat. 281, 580 (2020).

⁵We regularly issue government-wide reports on the federal response to COVID-19. For the latest report, see GAO, *COVID-19: Sustained Federal Action Is Crucial as Pandemic Enters Its Second Year*, [GAO-21-387](https://www.gao.gov/COVID-19) (Washington, D.C.: Mar. 31, 2021). Our next government-wide report will be issued in July 2021 and will be available on GAO's website at <https://www.gao.gov/coronavirus>.

⁶In July 2020, VHA reorganized its national offices and the title of the Deputy Under the Secretary for Health for Operations and Management was changed to the Assistant Under Secretary for Health for Operations.

Network (VISN).⁷ We selected the four VAMCs based on variation in facility complexity level, geographic location, urban/rural designations, and the number of patients and staff tested or treated for COVID-19.⁸ The four VAMCs and their associated VISNs were: Bath, New York (VISN 2); Columbia, South Carolina (VISN 7); St. Louis, Missouri (VISN 15); and Walla Walla, Washington (VISN 20).⁹ From each of these VAMCs, we collected and reviewed plans, policies, trainings, and other documents related to COVID-19 preparedness. In general, these documents were created from February 2020 through April 2020. We also reviewed emergency operation plans and standard operating procedures that were applicable to COVID-19 preparedness but were in effect prior to the pandemic. For each of the four VAMCs and their associated VISNs, we also interviewed leadership officials, emergency managers, and other officials to learn about how VAMCs prepared for COVID-19 in early 2020. Information obtained from these interviews and associated document review cannot be generalized to other VAMCs and VISNs.

To describe steps VHA took to oversee preparedness strategies implemented at VAMCs, we reviewed the types of data VHA collected on VAMCs' implementation of COVID-19 preparedness strategies and information slides presented during VHA-wide conference calls for the months of January through March 2020. We also interviewed officials from VHA's Central Office, Office of Emergency Management (OEM), Healthcare Operations Center (HOC), Office of Population Health, and VISNs for the four selected VAMCs about their roles in VHA's emergency management system, including preparing for COVID-19.

We conducted this performance audit from August 2020 to June 2021 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

⁷VHA organizes its system of care into regional networks called VISNs. Each VISN is responsible for coordination and oversight of all administrative and clinical activities within its specified geographic region. Specifically, the 18 VISNs oversee the day-to-day functions of VAMCs within their geographic regions.

⁸VHA categorizes VAMCs according to complexity level, which is determined on the basis of the characteristics of the patient populations served, clinical services offered, educational and research missions, and administrative complexity. We selected one VAMC from four out of five complexity levels. We also selected VAMCs to ensure variation in geographic location.

⁹In May 2018, VHA approved the integration of the Canandaigua and Bath VAMCs to form the VA Finger Lakes Healthcare System.

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.

Background

VHA relies on its emergency management system to prepare for emergencies, such as COVID-19, with the aim of continuing the delivery of health care services and maintaining the health and safety of patients and staff during response and recovery. According to VHA, preparedness refers to the development of plans, resources, and capabilities to manage and recover from the effects of emergencies. VHA's emergency management system includes components at the national, regional, and local levels, and they each have functions that include preparedness (see table 1).

Table 1: Selected Components and Functions of VHA's Emergency Management System Involved in COVID-19 Preparedness

Component	Function
National^a	
Office of Emergency Management	<ul style="list-style-type: none"> Coordinates overarching emergency management within VHA including VHA program offices (such as the Office of Population Health), Veterans Integrated Service Networks (VISN), and Department of Veterans Affairs medical centers (VAMC).^b Manages national-level workgroups composed of clinical and administrative subject matter experts from across VHA. Provides risk and situational awareness about an emergency to VHA leadership, such as the Assistant Under Secretary for Health for Operations. Coordinates efforts between VHA and other federal, state, and local agencies to share guidance and resources.
Healthcare Operations Center	<ul style="list-style-type: none"> Serves as a centralized information hub providing an operational view of VHA, including VAMC and VISN efforts to prepare for and respond to an emergency. Manages recurring and ad-hoc data analysis requests from VHA leadership (such as the Assistant Under Secretary for Health for Operations) that includes supply chain metrics, best practices, and facility capacity information, among other data requests.
Regional	
VISN Emergency Management Officials	<ul style="list-style-type: none"> Coordinates emergency efforts across program offices, including planning, operations, logistics, as well as administrative and financial offices, at the regional and local levels. Provides information concerning an emergency at VAMCs to VHA components such as the Healthcare Operations Center when requested.
Local	
VAMC Emergency Management Officials	<ul style="list-style-type: none"> Coordinates emergency efforts across program offices within the VAMC to ensure the continuous provision of health care services and safe operations. Provides emergency management information to VISN Incident Management Team when requested.

Source: GAO analysis of Veterans Health Administration (VHA) information. | GAO-21-514

Note: VHA organizes its system of care into regional networks called VISNs. Each VISN is responsible for coordination and oversight of all administrative and clinical activities within its specified geographic region. Specifically, the 18 VISNs oversee the day-to-day functions of VAMCs within their regions. VHA has emergency management teams at the national, regional, and local

levels that coordinate the agency's emergency efforts and include an incident commander; public information, safety, and liaison officers; and operations, planning, logistics, and finance or administration chiefs.

^aNational emergency management components are housed within VHA's Office of the Assistant Under Secretary for Health for Operations. In July 2020, VHA reorganized its national offices and the title of the Deputy Under the Secretary for Health for Operations and Management was changed to the Assistant Under Secretary for Health for Operations.

^bThe Office of Population Health (located within VHA's Office of Patient Care Services) manages programs such as health promotion and disease prevention, health equity, and public health. Through these programs, the Office of Population Health aims to optimize the health of veterans through, for example, epidemiology and surveillance, metrics and reporting, education and training, and policy development.

Beginning in January 2020, VHA's OEM took the following actions to help VAMCs prepare for the effects of COVID-19 on patients and staff.¹⁰

- **Convened experts.** On January 22, 2020, OEM convened eight national-level workgroups comprised of clinical and administrative subject matter experts from across VHA.¹¹ These workgroups supported various aspects of COVID-19 preparedness, including updating VHA's existing plans for infectious disease emergencies, and generating training and guidance on COVID-19 related issues such as screening, cleaning, and use of personal protective equipment (PPE).
- **Developed a COVID-19 SharePoint.** OEM developed a COVID-19 SharePoint—a web-based platform that centralizes and shares documents within an agency—where workgroups could make approved trainings, plans, and guidance available to VHA staff, including officials at the national, regional, and local levels. The COVID-19 SharePoint also allowed the workgroups to field questions from VAMC and VISN staff related to COVID-19 preparedness strategies.

¹⁰OEM coordinates overarching emergency management within VHA, including VHA program offices. In taking steps to help VAMCs prepare for COVID-19, OEM collaborated with the Office of Population Health to obtain a perspective that was unique to pandemics and disease prevention. OEM and Population Health organized VHA's response into clinical and emergency management functional operational areas. The Office of Population Health (located within VHA's Office of Patient Care Services) manages programs such as health promotion and disease prevention, health equity, and public health. Through these programs, the Office of Population Health aims to optimize the health of veterans through, for example, epidemiology and surveillance, metrics and reporting, education and training, and policy development.

¹¹The eight workgroups included: diagnostics; communications; veteran/employee triage; infection control; isolation, quarantine, and treatment; interagency and states; surveillance; and human resources and fiscal.

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- **Developed a COVID-19 tabletop exercise.** On February 18, 2020, VHA released a COVID-19 tabletop exercise to VISNs.¹² OEM and the eight national-level workgroups developed this tabletop exercise to assist VAMCs with preparing for COVID-19 by identifying strengths, weaknesses, and gaps associated with response capabilities and resource availability. (See text box.)

Excerpt from Veterans Health Administration’s (VHA) COVID-19 Tabletop Exercise for Veterans Affairs Medical Centers (VAMC)

According to the Federal Emergency Management Agency, tabletop exercises are intended to encourage participants to discuss various issues regarding a hypothetical situation in depth and develop decisions through slow-paced problem-solving. In February 2020, VHA released a tabletop exercise that was developed by the agency’s Office of Emergency Management and national-level workgroups of subject matter experts to assist VAMCs with preparing for COVID-19. This tabletop exercise included the following scenario:

Scenario: The 2019 Novel Coronavirus, or COVID-19, is a new respiratory virus that spreads in a similar way that seasonal influenza viruses spread—primarily through the coughs and sneezes of people who are sick with the virus. Patients with COVID-19 have reported mild to severe respiratory illness with fever, cough, and difficulty breathing. COVID-19 has been known to cause longer hospital stays for those who do contract it, and there are currently no preventative or mitigating treatments such as anti-viral medications or vaccines. Media outlets are reporting several hospitalized cases in your community diagnosed with the COVID-19 virus. These cases concern medical experts who fear a shortage of treatment resources will occur. Of specific concern would be seniors, and those who have chronic medical conditions such as asthma.

Purpose: Assist VAMCs in identifying strengths, weaknesses, and gaps associated with response capabilities and resource availability when responding to COVID-19. Provide insight into VAMCs’ responses to a public health emergency, including communicating and coordinating with other agencies, offices, or organizations.

Potential objectives: Explain how VAMCs will screen, isolate, diagnose, and treat patients who present with COVID-19 symptoms. Identify the availability of required personal protective equipment and associated equipment required to protect patients and staff during a local outbreak of COVID-19.

Source: GAO analysis of Federal Emergency Management Agency and Department of Veterans Affairs (VA) materials. | GAO-21-514

¹²VHA’s Deputy Under Secretary for Health for Operations and Management required all VAMCs to conduct a COVID-19 tabletop exercise. However, VAMCs were not required to use the COVID-19 tabletop exercise released by VHA, provided any alternative they used addressed the modules identified in VHA’s COVID-19 tabletop exercise.

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- **Released VHA’s COVID-19 Response Plan.** On March 4, 2020, VHA circulated a COVID-19 Response Plan among VISN Directors that outlined a four-phase approach to mitigating the effects of COVID-19. On March 27, 2020, VHA published the plan on its website. For phase 1—the preparedness phase—VHA defined 6 strategies to be used by VAMCs.¹³ VAMCs began implementing these strategies in February 2020 while the COVID-19 Response Plan was being further developed and finalized.¹⁴ Phase 1 defined the following preparedness strategies for VAMCs:

1. Develop plans, policies, and procedures to protect patients and staff
2. Conduct training on the developed plans, policies, and procedures
3. Conduct a tabletop exercise
4. Identify PPE stock levels and requirements
5. Identify existing hospital capability requirements
6. Develop coherent messaging for patients and staff

Selected VAMCs Used Similar Approaches to Implement VHA’s COVID-19 Preparedness Strategies

Officials from the four selected VAMCs reported taking similar approaches to implement the six preparedness strategies VHA defined in phase 1 of its COVID-19 Response Plan. VHA’s guiding principles for this phase included protecting patients and staff from COVID-19 infection, and shifting priorities and resources to accommodate a large influx of infectious patients.

Develop plans, policies, and procedures to protect patients and staff. All four selected VAMCs developed or adapted plans to prepare for COVID-19 that covered the following topics:

¹³Following preparedness, the phases were initial response (phase 2); establishing alternate sites of care (phase 3); and sustainment and recovery (phase 4).

¹⁴According to VHA officials, OEM and the Office of Population Health began developing its COVID-19 Response Plan in late January 2020 after OEM convened eight national-level workgroups. While the plan was being developed, VISN and VAMC emergency managers were receiving guidance from OEM and the eight national-level workgroups on COVID-19 related issues such as cleaning and use of PPE that informed VAMCs’ implementation of COVID-19 preparedness strategies. Additionally, the COVID-19 tabletop exercise highlighted the actions needed from VAMCs in order to prepare for the COVID-19 pandemic, which also aligned with the strategies that ultimately appeared in phase 1 of the plan.

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- **Cleaning.** To convey cleaning and disinfection practices for curtailing the spread of COVID-19.
 - **Testing.** To conduct and process swabs or other specimen collection procedures from persons being tested for COVID-19.
 - **Using PPE.** To identify and use PPE for infection prevention and control to protect staff from COVID-19.
 - **Screening.** To assess individuals for signs, symptoms, and exposures concerning COVID-19 infection and help ensure the safety of patients and staff in VAMCs.

Officials noted that they developed these plans to address new and emergent needs specific to the COVID-19 pandemic that may not have been covered in pre-existing emergency operation plans or under standard operating procedures. For example, officials at three selected VAMCs told us that their COVID-19 screening plans enabled them to establish separate outdoor screening and testing stations for individuals arriving at the facility. Screened individuals who were identified as symptomatic were sent to a dedicated testing area for additional assessment and potential COVID-19 testing. By physically separating these testing areas from the facility, the VAMCs were able to limit staff exposure to potentially infectious individuals and to help mitigate the spread of COVID-19.

All four selected VAMCs also developed other plans to address the specific needs of their facility. For example, one VAMC developed plans for assessing risk and monitoring illness among staff returning from emergency medical deployments.¹⁵ In addition, two VAMCs developed traffic flow plans to prevent the spread of COVID-19. These plans helped VAMCs control the number of individuals and staff that entered and exited the facility by identifying and monitoring entry points and outdoor areas

¹⁵VHA uses its Disaster Emergency Medical Personnel System to deploy clinical and non-clinical staff to an emergency or disaster for both internal VA missions as well as to support national, state, and local emergency management, public health, and safety efforts in times of national crisis. OEM manages VHA's Disaster Emergency Medical Personnel System and is responsible for coordinating VHA's civilian mission assignments. Between March 2020 and February 2021, VA conducted 117 mission assignments to provide civilian health care assistance in response to COVID-19. For additional information on VHA's emergency medical staff deployment program, see GAO, *COVID-19 Pandemic: VA Provides Health Care Assistance to Civilians as Part of the Federal Response*, [GAO-21-395](#) (Washington, D.C.: May 28, 2021).

used for waiting rooms, drive-through pharmacy services, screening, and testing.

Conduct training on the developed plans, policies, and procedures.

All four selected VAMCs provided trainings on the following topics in order to prepare staff for the COVID-19 pandemic:

- **COVID-19 awareness.** Training that generally covered aspects of COVID-19 symptoms, transmission, prevention, screening, PPE use, and specimen collection.
- **PPE.** Training to ensure that PPE users put on and removed PPE properly. Such training could include identifying PPE; proper usage of powered air-purifying respirators used for respiratory protection against aerosolized and airborne droplet virus transmission; and N95 fit-testing to ensure that the respirator's face piece properly fits the user's face.
- **Skills refresher.** Face-to-face training for nurses to review the skills needed to perform duties in a department outside their normal station in the event they needed to be reassigned to support hospital operations.
- **Nasopharyngeal swab specimen collection.** Training to instruct staff on how to collect respiratory specimens for COVID-19 testing using nasopharyngeal swabs.

VAMC officials noted that these trainings were intended to provide staff with the information and skills needed to maintain safety and provide care in the COVID-19 environment. For example, officials at one selected VAMC described how its COVID-19 screener orientation training helped ensure consistency in implementation of screening procedures as staff performing those duties often rotated from other areas (e.g., surgical staff temporarily assigned to screening due to postponements in elective surgeries).

All four selected VAMCs also developed other trainings tailored to meet the specific needs of their facility. For example, one selected VAMC developed a training for staff that reviewed the VAMC's emergency management system, including the roles and relationships of its emergency management team.

Conduct a tabletop exercise. All four selected VAMCs conducted a mandatory COVID-19 related tabletop exercise in February 2020.¹⁶ Officials from all four VAMCs reported that shortly after completing the COVID-19 tabletop exercise, they identified strengths and areas for improvement. They noted that the COVID-19 tabletop exercise helped them refine their approaches to implementing other COVID-19 preparedness strategies. For example, officials at one selected VAMC told us the COVID-19 tabletop exercise highlighted the need to take precautions with regard to training that went beyond the Centers for Disease Control and Prevention’s guidance at the time, including providing additional training for staff on powered air purifying respirator systems, and fit testing staff for N95 respirators. Officials at another selected VAMC told us the COVID-19 tabletop exercise enabled them to consider how the pandemic could affect their entire hospital, not just inpatient services. These officials reported the COVID-19 tabletop exercise spurred the development of plans for addressing COVID-19 in other departments, such as physical therapy and occupational therapy.

Identify PPE stock levels and requirements. All four selected VAMCs reported that staff manually counted PPE inventory and calculated consumption rates to identify current stock levels and predict future needs. All four VAMCs reported they were initially concerned about their ability to obtain sufficient PPE to meet the predicted stock levels needed to protect patients and staff during the COVID-19 pandemic.¹⁷ These officials noted that when they identified the potential for future shortages, they implemented a number of strategies at the local level to reinforce

¹⁶According to OEM officials, all VAMCs completed a COVID-19 tabletop exercise by April 22, 2020, except for five VAMCs who were responding to pandemic-related events (e.g., already converting facility spaces to COVID-19 units in order to care for patients with COVID-19 in their areas). As part of the COVID-19 tabletop exercise, VAMCs complete an after action report to address ways in which the facility can improve its response capabilities and resource availability.

¹⁷GAO has previously identified longstanding issues with VA’s approach to purchasing medical supplies. VA supply chain leaders did not have an automated way of tracking the stock of critical supplies at VAMCs during the COVID-19 pandemic due to VA’s antiquated inventory management system. Instead, these officials relied on manual tracking reported by all 170 VAMCs on a daily basis, which limited their ability to have real-time information on supplies to make key decisions. GAO, *VA Acquisition Management: Supply Chain Management and COVID-19*, [GAO-20-638T](#) (Washington, D.C.: June 9, 2020), *VA Acquisition Management: COVID-19 Response Strains Supply Chain While Modernization Delays Continue*, [GAO-20-716T](#) (Washington, D.C.: Sept. 16, 2020), and *VA COVID-19 Procurements: Pandemic Underscore Urgent Need to Modernize Supply Chain*, [GAO-21-280](#) (Washington, D.C.: June 15, 2021).

PPE stock levels, such as purchasing cloth masks, forming sewing circles to create masks, using expired PPE, and reprocessing N95 respirators. Officials from all four VAMCs also reported that they coordinated with their VISNs to identify and obtain needed PPE. For example, officials from two VAMCs reported VISNs took over tracking PPE so VISNs could facilitate the redistribution of PPE among VAMCs within their regions to ensure each had sufficient stock. As we recently reported, VHA also made changes at the national level to its approach to procuring PPE and other medical supplies to address the disruptions caused by the pandemic.¹⁸

Identify existing hospital capability requirements. All four selected VAMCs developed a surge plan that identified their potential to expand capacity and ensure the readiness of space, equipment, and staff to accommodate an increase in COVID-19 patients. These plans generally identified VAMCs' options to expand bed capacity, as well as other flexibilities, such as creating isolation rooms and negative pressure areas—which contain airborne contaminants and reduce the risk of disease transmission.

Developing these surge plans required VAMCs to coordinate across departments in considering different ways to expand hospital capacity. For example, officials from one VAMC told us they coordinated with a team of engineers, nurses, and infectious disease staff to construct a negative pressure ward with entryway designed to protect staff and help conserve PPE. Officials from another VAMC, which had limited capability to provide critical care due to the nature of the facility, reported exploring ways to revamp the facility's ventilation systems to convert smaller rooms to negative pressure rooms in the event other medical centers needed additional support.

Develop coherent messaging for patients and staff. Officials from all four selected VAMCs reported using the following approaches to keep patients and staff informed about the COVID-19 pandemic.

¹⁸VHA also faces broader challenges in its effort to modernize its medical supply chain. We recently recommended VHA develop a comprehensive supply chain management strategy that outlines how VHA's various supply chain initiatives are related to each other and to VA-wide initiatives. GAO, *VA Acquisition Management: Comprehensive Supply Chain Management Strategy Key to Address Existing Challenges*, [GAO-21-445T](#) (Washington, D.C.: Mar. 24, 2021).

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- **Call center scripts.** Providing appointment schedulers with call center scripts on COVID-19 safety information, such as masking requirements, that was disseminated to patients when scheduling appointments.
 - **Virtual outreach.** Employing a variety of virtual methods to keep patients informed about COVID-19, such as updating VAMC websites and conducting outreach via social media and message boards. In addition to outreach to patients, VAMCs also used virtual methods to communicate with staff, such as conducting virtual town halls; disseminating emails from leadership; using text messaging alert systems; and updating local COVID-19 SharePoint sites.

VAMC officials told us that coherent messaging was important to educate patients and staff about changes to COVID-19 safety protocols and to provide transparency regarding VHA operational capacity and policy. Officials at one VAMC reported that their Veteran Coordinator conducted outreach about mask requirements and appointment arrival times, as well as to manage expectations about what services would be available in person. Officials at another VAMC reported that virtual staff town halls were an important tool that helped create unity among the staff. According to officials, during town halls VAMC leadership provided updates, sought staff feedback, and provided staff the opportunity to ask questions.

VHA Oversaw VAMCs’ Implementation of COVID-19 Preparedness Strategies through Data Collection and Conference Calls

In March 2020, the Healthcare Operations Center (HOC) began collecting data on a daily basis about COVID-19 preparedness strategies implemented in VAMCs. HOC officials also facilitated daily discussions during VHA-wide conference calls based on the collected data.

Data Collection

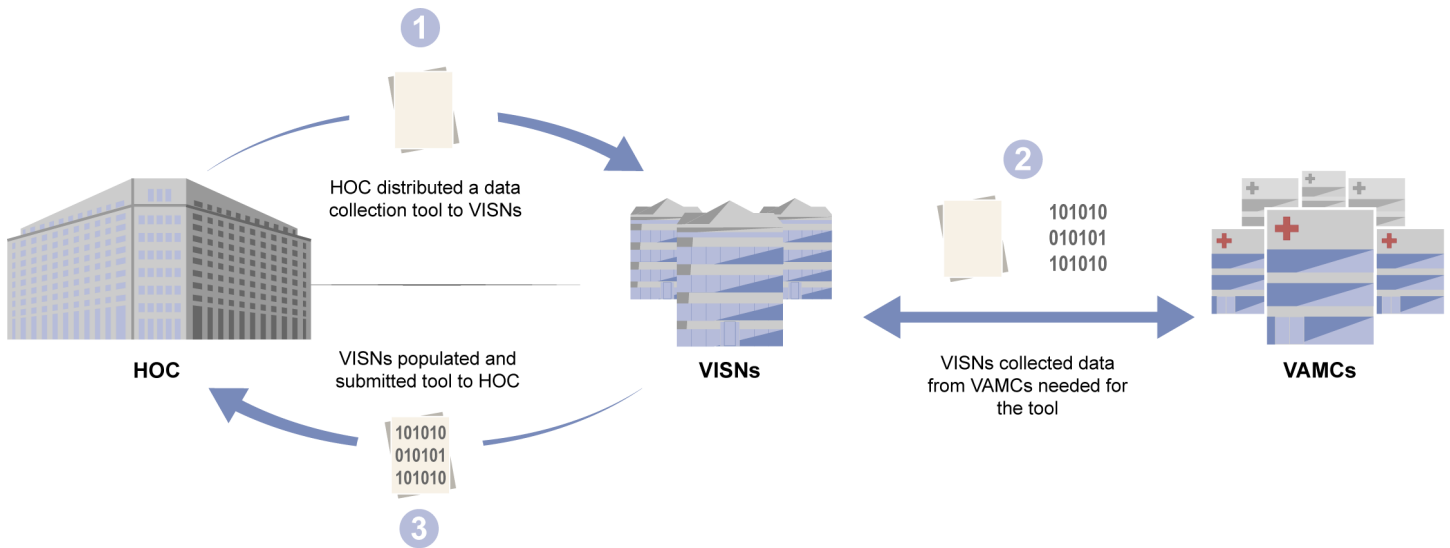
HOC collected data on VAMCs’ implementation of the COVID-19 preparedness strategies identified in phase 1 of VHA’s COVID-19 Response Plan (see fig. 1). For example, HOC collected data on the number of VAMCs that completed the COVID-19 tabletop exercise and whether VAMCs developed surge plans to expand hospital capacity.

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1. **HOC distributed a data collection tool to VISNs.** In conjunction with VHA leadership, including the Assistant Under Secretary for Health for Operations, HOC created a data collection tool to gather information on VAMCs' implementation of preparedness strategies.¹⁹ HOC began distributing the tool to VISN emergency management officials in March 2020 via SharePoint.²⁰
 2. **VISNs collected data needed for the tool from VAMCs.** VISN emergency management officials reported that they obtained data from VAMC emergency management officials during daily VISN-wide conference calls. Some VISN emergency management officials also told us that they obtained data through a chain of emails used to notify and record required tasks to be completed by VAMCs.
 3. **VISNs populated and submitted the tool to HOC.** VISN emergency management officials aggregated the data across VAMCs and populated the tool in SharePoint. VISN emergency management officials told us they updated the tool on a daily basis for HOC's review.

¹⁹HOC officials told us that they updated the data collection tool frequently, sometimes daily, based on COVID-19 developments and at the direction of leadership. From March 2020 through May 2020, the data collected via this tool provided VHA with daily information related to VAMC preparedness strategies, among other things. Due to the evolving nature of the pandemic, the type of data HOC collected with this tool changed over time and therefore the data collected using this tool did not allow for longitudinal analyses.

²⁰Prior to uploading the data collection tool via SharePoint, HOC officials had emailed the tool to VISNs daily.

Figure 1: HOC Data Collection on COVID-19 Preparedness Strategies Implemented at VAMCs



Source: GAO analysis of Veterans Health Administration, Healthcare Operations Center (HOC), Veterans Integrated Service Network (VISN), and Department of Veterans Affairs medical center (VAMC) information. | GAO-21-514

Conference Calls

HOC officials told us that they facilitated daily VHA-wide conference calls based on the data collection tool submitted by the VISNs. VHA officials reported that staff from VHA Central Office, OEM, HOC, VISNs, and VAMCs could attend the calls.²¹ Specifically, on the daily calls, officials did the following:

Reviewed data on VAMCs’ preparedness strategies. Using reporting templates, HOC officials told us they facilitated discussion on VAMC implementation of each of the preparedness strategies in phase 1 of VHA’s COVID-19 Response Plan. See table 2 for examples of the data reviewed during these calls in March 2020.

²¹For several years, HOC stated that they routinely held calls with VHA leadership to provide updates concerning VHA operations. According to HOC officials, these calls became longer and more frequent during the early months of the pandemic. HOC officials also told us that, as a way to connect entities and share information across VHA, VHA leadership began including OEM, VISN, and VAMC officials on these calls in March 2020. HOC developed a data collection tool to gather data that informed these discussions and assisted VHA in its oversight of VAMCs’ implementation of COVID-19 preparedness strategies. HOC officials reported that VHA-wide calls became less frequent in May 2020, due to the decrease in COVID-19 cases during the summer months.

Table 2: Examples of Data Reviewed during Daily VHA-Wide Conference Calls in March 2020 Concerning VAMCs' Implementation of COVID-19 Preparedness Strategies

Preparedness strategies	Examples of the types of data reviewed
Develop plans, policies, and procedures to protect patients and staff	<ul style="list-style-type: none"> Whether VAMCs developed plans to establish areas for screening patients and staff for COVID-19.
Conduct training on the developed plans, policies, and procedures	<ul style="list-style-type: none"> The number of VAMC staff capable of providing personal protective equipment (PPE) training. The number of PPE trainings conducted at VAMCs within each VISN.
Conduct a tabletop exercise	<ul style="list-style-type: none"> The number of VAMCs that completed a COVID-19 tabletop exercise. Weaknesses and gaps associated with response capabilities identified during the COVID-19 tabletop exercise.
Identify PPE stock levels and requirements	<ul style="list-style-type: none"> The projected weekly PPE stock levels for VAMCs within each VISN. Supply chain issues occurring within VISNs.
Identify existing hospital capability requirements	<ul style="list-style-type: none"> Whether VAMCs developed surge plans to expand hospital capacity and ensure the readiness of space, supplies, equipment, and staff at VAMCs. The number of VAMCs where COVID-19 affected staffing.
Develop coherent messaging for patients and staff	<ul style="list-style-type: none"> Whether VAMCs were using call center COVID-19 scripts to ensure coherent messaging when communicating information related to COVID-19 to patients.

Source: GAO analysis of interviews with Veterans Health Administration (VHA) and Veterans Affairs medical center (VAMC) officials and VHA documents. | GAO-21-514

Note: VHA's Healthcare Operations Center (HOC) officials told us they facilitated daily VHA-wide conference calls that were based on data that each Veterans Integrated Service Networks (VISN) gathered from their VAMCs. On a daily basis, VISNs aggregated data collected from VAMCs and entered it into a tool that HOC created to facilitate the review of specific information related to COVID-19 preparedness. Due to the evolving nature of the pandemic, the type of data collected with this tool changed over time and therefore the tool did not allow for longitudinal data analyses.

In addition to facilitating their efforts to oversee VAMCs' implementation of the preparedness strategies, VHA officials told us that discussing the data submitted by VISNs during these conference calls also helped to inform VHA-wide decisions. For example, upon learning that some VAMCs potentially needed to expand intensive care unit bed availability to treat COVID-19 patients, VHA temporarily shut down outpatient services and postponed elective procedures to provide VAMCs with additional beds for intensive care unit conversions. In addition, due to staffing shortages related to COVID-19 and the projected need for surge staffing, VHA officials said that the agency increased hiring efforts by launching national hiring announcements using dual compensation

waivers to hire retired federal employees, and worked with the Office of Personnel Management to expedite hiring processes.²²

Addressed challenges with the data collection tool. HOC officials also used the conference calls to address challenges concerning the data collection tool. Officials from one selected VISN told us they found some of the terms used in the tool to be confusing. For example, for screening and testing of patients and staff, terms such as “persons under investigation” did not clarify if the person was tested for COVID-19 and awaiting results, or if they were asymptomatic with a COVID-19 diagnosis. Both VISN and HOC officials told us that after discussions, HOC created a data dictionary to clarify terms used in the reporting templates, which helped provide consistency in the data reported across VAMCs.

Shared best practices. The conference calls were also a way for VAMCs and VISNs to share best practices that provided solutions to local challenges related to the implementation of COVID-19 preparedness strategies among the facilities, including the following examples:²³

- VAMC and VISN emergency management officials told us they used shared solutions, such as 3-D printing to produce additional masks, face shields, and testing supplies, to address challenges related to supply chain issues.
- One VISN officials also told us that some VAMCs incorporated shared best practices, such as the use of tents and drive-through screening facilities, into local plans for screening patients and staff.

²²In March 2020 the Office of Personnel Management authorized the use of excepted-service, temporary appointments under 5 C.F.R. § 213.3102(i)(3) to address the need for hiring additional staff in response to COVID-19. Consistent with this guidance, VHA waived or postponed certain pre-employment requirements until after individuals were hired, such as physicals, credentialing, and fingerprints. Dual compensation or salary-offset waivers allow federal agencies to hire retired federal employees during a military threat, natural disaster, or unforeseen occurrence. Retired federal employees who are rehired under the dual compensation waiver can earn both sick and annual leave, but are not eligible for additional retirement coverage (other than Social Security coverage). VHA hired 16,202 new hires between March 29, 2020, and May 27, 2020, which included registered nurses, respiratory therapists, housekeepers, supply technicians, among others.

²³HOC officials told us that many of the best practices shared during these calls were distributed via VHA’s COVID-19 SharePoint. VAMC and VISN officials could also attend a call hosted by OEM that occurred several times a week and VISN officials could attend a morning conference call with VHA leadership and HOC officials.

Agency Comments

HOC officials told us that states—such as New York that experienced COVID-19 surges during the early months of the pandemic—shared best practices concerning clinical staff training, as well as procedures used to convert spaces to negative pressure rooms to expand hospital capability.

In addition to the preparedness issues in this report, we expect to continue examining VHA's actions to address COVID-19.

We provided a copy of this draft report to VA for review and comment. VA provided us with one technical comment, which we incorporated as appropriate.

We are sending copies of this report 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 clowersa@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 I.



Nicole Clowers
Managing Director, Health Care

List of Addressees

The Honorable Patrick Leahy
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The Honorable Richard Shelby
Vice Chairman
Committee on Appropriations
United States Senate

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Chairman
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House of Representatives

The Honorable Julia Brownley
Chairwoman
Subcommittee on Health
Committee on Veterans' Affairs
House of Representatives

Appendix I: GAO Contact and Staff Acknowledgments

GAO Contact

A. Nicole Clowers, (202) 512-7114 or clowersa@gao.gov

Staff Acknowledgments

In addition to the contact named above, Debra A. Draper (Director), Hernán Bozzolo (Assistant Director), Courtney Liesener (Analyst-in-Charge), Caitlin Scoville, and Kelly Turner made key contributions to this report. Also contributing were Cathleen Hamann, Sandra Mansour, and Ethiene Salgado-Rodriguez.

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Washington, DC 20548

