



DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

The Veterans Health
Administration Needs to Do
More to Promote Emotional
Well-Being Supports Amid
the COVID-19 Pandemic



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Executive Summary

The VA Office of Inspector General (OIG) conducted a review to assess how the Veterans Health Administration (VHA) addressed the emotional well-being of employees during the novel coronavirus disease (COVID-19) pandemic.¹ The OIG also conducted an overview of VHA programs, including what specialized programs, if any, were developed and deployed in response to the unique psychological challenges created by the COVID-19 pandemic for VHA's staff.

Mental health needs generally surge during and after disasters, including pandemics.² In March 2020, after declaring COVID-19 a pandemic, the World Health Organization highlighted the importance of maintaining the mental health and emotional well-being of healthcare workers caring for COVID-19 patients.³

On March 23, 2020, the VHA Office of Emergency Management issued the initial COVID-19 Response Plan with its four-phase approach and a second, updated version on August 7, 2020.⁴ The August 2020 response plan update included language allowing VHA to delegate responsibility to program offices to develop resources for response plan strategies. With that delegated authority, the National Center for Organization Development created and maintained resources for leaders and the VHA Organizational Health Council created and maintained

¹ World Health Organization, "WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020," accessed September 17, 2020, <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>. Merriam-Webster, "pandemic," accessed September 17, 2020, <https://www.merriam-webster.com/dictionary/pandemic>. A pandemic is an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population.

² O.L. McCabe, et al., "Building a National Model of Public Mental Health Preparedness and Community Resilience: Validation of a Dual-Intervention, Systems-Based Approach," *Disaster Medicine and Public Health Preparedness* 8, no. 6, (December 2014): 511–526.

³ Blake, H. et al., "Mitigating the Psychological Impact of COVID-19 on Healthcare Workers: A Digital Learning Package," *International Journal of Environmental Research and Public Health*, 17, no. 9, 2997, (April 2020): 1–15.

⁴ The VHA Office of Emergency Management is responsible for the development and management of the Comprehensive Emergency Management Program, which ensures ongoing provision of VHA healthcare services during an emergency or disaster. VA, *2019 Functional Organization Manual*, December 21, 2018, accessed November 8, 2021, [VA Functional Organization Manual - V.5.0 - FY 2019](#). VA, *2020 Functional Organization Manual*, September 1, 2020, accessed November 8, 2021, <https://www.va.gov/VA-Functional-Organization-Manual-2020-4.pdf>. VA, "VHA Office of Emergency Management," accessed on April 20, 2021, <https://www.va.gov/VHAEMERGENCYMANAGEMENT/index.asp>. VHA Office of Emergency Management, *COVID-19 Response Plan Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan*, ver. 1.6, March 23, 2020. VHA, *COVID-19 Response Plan: Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan*, ver. 2, August 7, 2020.

resources for employees and took responsibility for collaboration and coordination of efforts across multiple program offices.⁵

The OIG initiated the review on November 30, 2020, and conducted virtual interviews with VA and VHA leaders in multiple offices.⁶ The OIG developed a series of survey questions about VHA guidance regarding employees' emotional well-being during the pandemic, available resources, monitoring of available support programs, and employee engagement with available support programs.

The National Center for Organization Development created a COVID-19 rapid response consultation process for VHA leaders who were in a supervisory role. This rapid response consult provided counseling about leadership skills in a virtual environment, communication, and employee support needs. The Organizational Health Council's VHA Social Work COVID-19 Tiger Team coordinated with multiple VHA program offices to create a COVID-19 Employee Support Toolkit and other resources, including a SharePoint website.⁷ Additionally, several VHA offices independently created and disseminated employee well-being resources specific to the COVID-19 pandemic, including the National Center for Organization Development, Patient Centered Care & Cultural Transformation, Chaplain Service, and the Office of Mental Health and Suicide Prevention.⁸

Through a survey of selected Veterans Integrated Service Networks, facility, and clinical and non-clinical staff, the OIG identified areas of concern related to employee emotional well-being: mainly a generally diminishing awareness of supports in relation to organizational hierarchy, low utilization of support resources by leadership and frontline employees, as well as employee perception of inadequate support and responsiveness from leadership.

⁵ VHA, *COVID-19 Response Plan: Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan*, ver. 2. The National Center for Organization Development (NCOD) supports VHA leadership with increasing VHA employee engagement, satisfaction, and professional development through research, consultation, and assessment. VHA Office of Human Capital Management, "National Center for Organization Development (NCOD)," October 8, 2020. The Organizational Health Council, chaired by NCOD, has the authority to form committees and make recommendations to VHA leaders on the establishment and implementation of policies, initiatives, and programs. VHA Governance, Organizational Health Council Charter.

⁶ The OIG interviewed VA leaders from the Human Capital Office and Work Life and Benefits and VHA leaders from NCOD, Office of Mental Health and Suicide Prevention, Patient Centered Care & Cultural Transformation, Chaplain Service, and the Office of Emergency Management.

⁷ VHA Governance, Organizational Health Council Charter. The Organizational Health Council, chaired by NCOD, has the authority to form committees and make recommendations to VHA leaders on the establishment and implementation of policies, initiatives, and programs. VA Health Care, National Center for Healthcare Advancement and Partnerships, "OCE Partnerships and COVID-19," accessed on May 24, 2021, <https://www.va.gov/HEALTHPARTNERSHIPS/updates/impact/091720203.asp>. A Tiger Team is a multidisciplinary team of experts brought together to address a specific problem.

⁸ VA, *2019 Functional Organization Manual*. VA, *2020 Functional Organization Manual*. VA Patient Care Services, "National VA Chaplain Service," accessed April 26, 2021, <https://www.patientcare.va.gov/Chaplain.asp>.

Awareness of Support Resources

Of the individuals who chose to participate in the OIG survey, 81 percent (17 of 21) of Veterans Integrated Service Network respondents, 91 percent (41 of 45) of facility leader respondents, 60 percent (332 of 557) of facility service line leader respondents, 40 percent (1,962 of 4,909) of clinical staff respondents, and 47 percent (1,149 of 2,461) of non-clinical staff respondents reported they were aware of VHA's guidance for efforts to provide emotional support resources for employees (see figure 1).

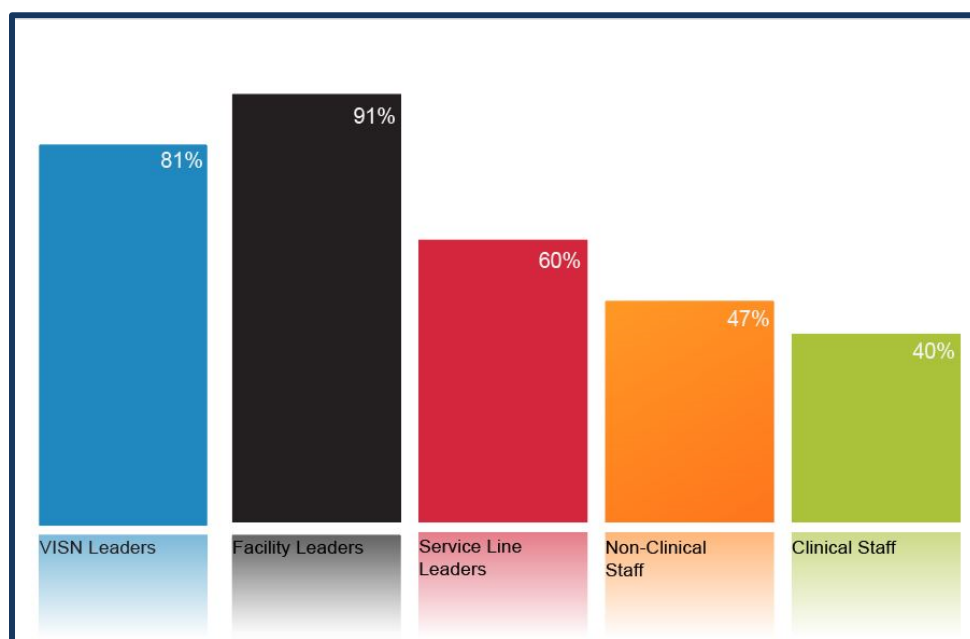


Figure 1. VHA subgroup awareness of VHA guidance to address emotional well-being.

Source: VA OIG analysis of survey data.

Utilizing Support Resources

Only about one-quarter of frontline staff respondents reported utilizing support resources with personal protective equipment and virtual resources most frequently accessed. The OIG asked survey respondents who had used the support resources, "Have you found your facility, unit, or group's COVID-19 related resources helpful?" Seventy-nine percent of clinical staff respondents and 82 percent of non-clinical staff found the resources they used to be helpful.

Emotional Support Adequacy

Thirty-eight percent of clinical staff respondents and 31 percent of non-clinical staff respondents said their leaders were not responsive. Additionally, 51 percent of clinical staff respondents and 41 percent of non-clinical staff respondents expressed that they did not feel adequately emotionally supported during the pandemic.

The OIG concluded that greater leaders' and employees' awareness and encouragement could lead to increased utilization of resources, a better sense of facility support for employees experiencing distress, and improved organizational resilience.

The OIG made one recommendation to the Under Secretary for Health to review the processes by which COVID-19 emotional well-being resources were developed and disseminated and to take action as needed to increase and ensure Veterans Integrated Service Networks and facility leadership as well as facility staff's awareness of available resources about the potential risks and signs of burnout.

VA Comments and OIG Response

The Deputy Under Secretary for Health, performing the delegable duties of the Under Secretary for Health, concurred with the findings and recommendations and provided an acceptable action plan. See Appendix E, pages 32–33, for the Deputy Under Secretary's comments and pages 34–35 for the action plan. The OIG will follow up on the planned actions until they are completed.



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Contents

Executive Summary	i
Abbreviations	vi
Introduction	1
Scope and Methodology	9
Results	11
Conclusion	16
Recommendation	17
Appendix A: VA Offices Responding to COVID-19 Employee Well-being	18
Appendix B: Efforts of the Organizational Health Council-VHA Social Work COVID-19 Tiger Team and Individual VHA Program Offices	21
Appendix C: Prior OIG Reports	26
Appendix D: List of 83 Selected Sites for Survey Administration	29
Appendix E: Under Secretary for Health Memorandum	32
Glossary	36
OIG Contact and Staff Acknowledgments	37
Report Distribution	38

Abbreviations

EAP	Employee Assistance Program
NCOD	National Center for Organization Development
OIG	Office of Inspector General
OMHSP	Office of Mental Health and Suicide Prevention
PTSD	Posttraumatic stress disorder
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network



Introduction

The VA Office of Inspector General (OIG) conducted a review to assess how the Veterans Health Administration (VHA) addressed the emotional well-being of employees during the novel coronavirus disease (COVID-19) pandemic.¹ The OIG also conducted an overview of VHA programs, including what specialized programs, if any, were developed and deployed in response to the unique psychological challenges created by the COVID-19 pandemic for VHA's staff.

Background

On January 20, 2020, the first U.S. COVID-19 case was confirmed in Washington state. On January 21, 2020, VHA activated the Emergency Management Coordination Cell and began developing a comprehensive response and operations plan in response to the disease.² By March 11, 2020, due to the “alarming levels of spread and severity” of COVID-19, the World Health Organization declared a pandemic.³

Employee Emotional Well-Being

Mental health needs generally surge during and after disasters, including pandemics.⁴ Following the SARS-CoV-1 epidemic in 2003, healthcare workers experienced [posttraumatic stress](#)

¹ World Health Organization, “WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020,” accessed September 17, 2020, <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>. Merriam-Webster.com Dictionary, “pandemic,” accessed September 17, 2020, <https://www.merriam-webster.com/dictionary/pandemic>. A pandemic is an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population.

² VHA Office of Emergency Management, *COVID-19 Response Plan Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan*, ver. 1.6. VA Office of Public and Intergovernmental Affairs, “Timeline on how VA prepared for COVID-19 outbreak and continues to keep Veterans safe,” April 20, 2020, <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5427>. The Emergency Management Coordination Cell “provides VA the planning, logistical and expert guidance to support continuity of care and 4th mission assignments resulting from emergency events and disasters.” “Emergency Management Coordination Cell (EMCC),” VHA Office of Emergency Management, accessed January 4, 2022, <https://www.va.gov/VHAEMERGENCYMANAGEMENT/Programs/EMCC.asp#:~:text=Emergency%20Managem ent%20Coordination%20Cell%20%28EMCC%29%20The%20EMCC%20provides,EMCC%27s%20overall%20role s%20and%20responsibilities%20include%20the%20following%3A>.

³ World Health Organization, “WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020.”

⁴ O.L. McCabe, et al., “Building a National Model of Public Mental Health Preparedness and Community Resilience: Validation of a Dual-Intervention, Systems-Based Approach,” *Disaster Medicine and Public Health Preparedness* 8, no. 6, (December 2014): 511–526.

[disorder](#) (PTSD), [depression](#), and increased rates of substance use disorders for years.⁵ Workers caring for patients during the SARS epidemic and the COVID-19 pandemic also experienced isolated symptoms of [anxiety](#) or low mood, irritability, sleep disturbances, and physical malaise, all of which potentially contributed to [burnout](#), decreased work performance, and clinical turnover.⁶ In March 2020, after declaring COVID-19 a pandemic, the World Health Organization highlighted the importance of maintaining the mental health and emotional well-being of healthcare workers caring for COVID-19 patients.⁷

VHA COVID-19 Response Plans

On March 23, 2020, the VHA Office of Emergency Management issued the initial COVID-19 Response Plan (Response Plan) with a second, updated version published on August 7, 2020.⁸ The Response Plan outlined VHA's response activities for COVID-19 in the United States using

⁵ "About Severe Acute Respiratory Syndrome (SARS)," Centers for Disease Control and Prevention, accessed January 5, 2021, <https://www.cdc.gov/sars/about/index.html>. SARS-CoV-1 is a respiratory illness caused by a coronavirus that was initially reported in 2003. It spread to more than 24 countries before it was contained, and a global pandemic was averted. *Merriam-Webster.Com Dictionary*, "Definition of epidemic," accessed September 17, 2020, <https://www.merriam-webster.com/dictionary/epidemic>. Braquehais, M.D., "The impact of the COVID-19 pandemic on the mental health of healthcare professionals," *QJM: An International Journal of Medicine*, 0, no. 0, (June 2020): 1–5. Blake, H. et al., "Mitigating the Psychological Impact of COVID-19 on Healthcare Workers: A Digital Learning Package," *International Journal of Environmental Research and Public Health*, 17, no. 9, 2997, (April 2020): 1–15. Heath, C., Sommerfield, A., von Ungern-Sternberg, B.S., *Anaesthesia*, (June 2020): doi: <https://associationofanaesthetists-publications.onlinelibrary.wiley.com/doi/10.1111/anae.15180>. (E-pub ahead of print). "Resilience strategies to manage psychological distress amongst healthcare workers during the COVID-19 pandemic: a narrative review." The underlined terms are hyperlinks to a glossary. To return from the glossary, press and hold the "alt" and "left arrow" keys together.

⁶ Blake, H. et al., "Mitigating the Psychological Impact of COVID-19 on Healthcare Workers: A Digital Learning Package," *International Journal of Environmental Research and Public Health*, 17, no. 9, 2997, (April 2020): 1–15. Albott, C.S. et al., "Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Health Care Workers During the Coronavirus Disease 2019 Pandemic," *International Anesthesia Research Society*, (April 2020): 1–12.

⁷ Blake, H. et al., "Mitigating the Psychological Impact of COVID-19 on Healthcare Workers: A Digital Learning Package," *International Journal of Environmental Research and Public Health*, 17, no. 9, 2997, (April 2020): 1–15.

⁸ The VHA Office of Emergency Management is responsible for the development and management of the Comprehensive Emergency Management Program, which ensures ongoing provision of VHA healthcare services during an emergency or disaster. VA, *2019 Functional Organization Manual*, December 21, 2018, accessed November 8, 2021, [VA Functional Organization Manual - V.5.0 - FY 2019](#). VA, *2020 Functional Organization Manual*, September 1, 2020, accessed November 8, 2021, <https://www.va.gov/VA-Functional-Organization-Manual-2020-4.pdf>. VA, "VHA Office of Emergency Management," accessed on April 20, 2021, <https://www.va.gov/VHAEMERGENCYMANAGEMENT/index.asp>. VHA Office of Emergency Management, *COVID-19 Response Plan Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan*, ver. 1.6, March 23, 2020. VHA, *COVID-19 Response Plan: Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan*, ver. 2, August 7, 2020.

a four-phase approach including Contingency Planning and Training, Initial Response, Establishing Alternate Sites of Care, and Sustainment and Recovery (see figure 1).⁹

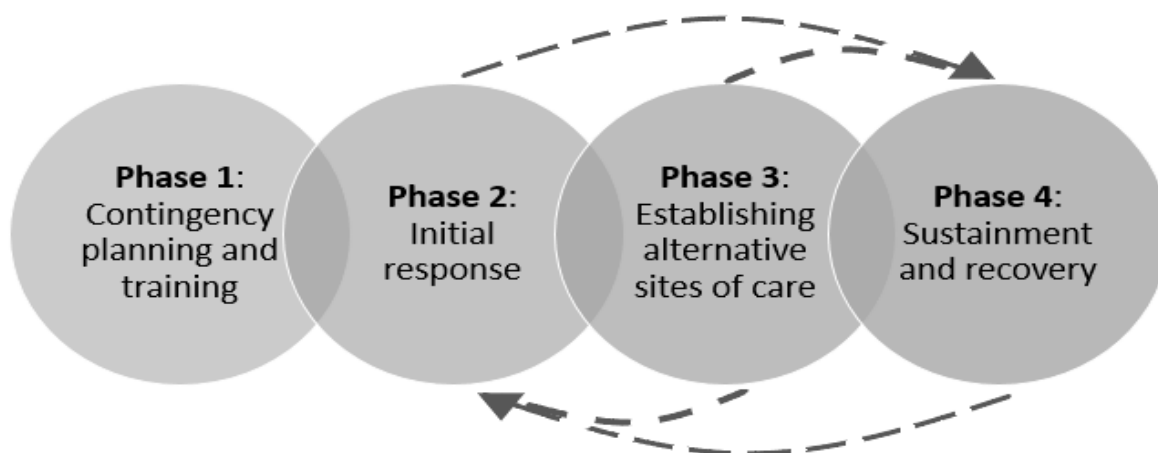


Figure 1. The initial four phases of the VHA Response Plan.

Source: Figure content from VHA Office of Emergency Management, *COVID-19 Response Plan Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan*, ver. 1.6. VA OIG—individual facilities may be in different phases simultaneously. Due to the unknown course of COVID-19 or other events, a return to a previous phase may be necessary. Similarly, a facility may skip a phase as operations stabilize.¹⁰

Phase four of the Response Plan outlined a strategy to “recover facilities, staff and equipment and return to normal operations;” one target was the implementation of plans to support additional mental health resources for employees.¹¹ The August 2020 Response Plan update included the initial phased response strategies as well as additional strategies to address employee wellness across all phases to “make holistic support available to frontline employees and leaders as they deal with the personal and professional stresses of the pandemic.”¹² The August 2020 response plan update included language allowing VHA to delegate responsibility to program offices to develop resources for response plan strategies. With that delegated authority, the National Center for Organization Development (NCOD) created and maintained resources for leaders and the VHA Organizational Health Council created and maintained resources for employees and took responsibility for collaboration and coordination of efforts across multiple

⁹ VHA Office of Emergency Management, *COVID-19 Response Plan Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan*, ver. 1.6.

¹⁰ VA OIG, [Review of Veterans Health Administration’s COVID-19 Response and Continued Pandemic Readiness](#), Report No. 20-03076-217, July 16, 2020.

¹¹ VHA Office of Emergency Management, *COVID-19 Response Plan Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan*, ver. 1.6.

¹² VHA, *COVID-19 Response Plan: Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan*, ver. 2.

program offices.¹³ The VHA Office of Emergency Management, through the Emergency Management Coordination Cell, is responsible for the direction, control, and coordination of the COVID-19 phased response plan.¹⁴

VA and VHA Offices Responding to COVID-19 Employee Well-being

Numerous VA and VHA offices were involved in the creation of a COVID-19 Employee Well-being response, as directed by the August 2020 COVID-19 Response Plan update, including NCOD, the Office of Patient Centered Care & Cultural Transformation (Patient Centered Care), the National VA Chaplain Service, and the Office of Mental Health and Suicide Prevention (OMHSP).¹⁵ Additional services were available from the Office of Emergency Management, through the Comprehensive Emergency Management Program, and the Employee Occupational Health Service, through the Employee Assistance Program (EAP).¹⁶ For full descriptions of each office's roles and responsibilities, see [appendix A](#).

¹³ VHA, *COVID-19 Response Plan: Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan*, ver. 2. The National Center for Organization Development (NCOD) supports VHA leadership with increasing VHA employee engagement, satisfaction, and professional development through research, consultation, and assessment. VHA Office of Human Capital Management, "National Center for Organization Development (NCOD)," October 8, 2020. The Organizational Health Council, chaired by NCOD, has the authority to form committees and make recommendations to VHA leaders on the establishment and implementation of policies, initiatives, and programs. VHA Governance, Organizational Health Council Charter.

¹⁴ VHA Office of Emergency Management, *COVID-19 Response Plan Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan*, ver. 1.6. "Emergency Management Coordination Cell (EMCC)," VHA Office of Emergency Management.

¹⁵ VHA, *COVID-19 Response Plan: Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan*, ver. 2. VA, *2019 Functional Organization Manual*. VA, *2020 Functional Organization Manual*. VA Patient Care Services, "National VA Chaplain Service," accessed April 26, 2021, <https://www.patientcare.va.gov/Chaplain.asp>.

¹⁶ VA, "VHA Office of Emergency Management," accessed on April 20, 2021, <https://www.va.gov/VHAEMERGENCYMANAGEMENT/index.asp>. VHA Directive 0320, *Comprehensive Emergency Management Program*, April 12, 2013. The 2013 directive was rescinded and replaced by VHA Directive 0320, *VHA Comprehensive Emergency Management Program*, July 6, 2020. The 2013 and 2020 directives were in effect at the time of the events discussed in this report. The 2013 directive describes a Continuity of Operations Plan and an Emergency Operations Plan; the 2020 directive combines these under the Emergency Operations Plan. VA Directive 5019, *Employee Occupational Health Service*, March 27, 2015. VA Handbook 5019, *Employee Occupational Health Service*, August 3, 2017.



Figure 2. VA Offices Responding with COVID-19 Employee Well-Being Supports, as of April 2021.

Source: VA OIG analysis of VA offices.

In March 2020, the Organizational Health Council convened a team to address employees' well-being supports during the COVID-19 pandemic and included staff members from NCOD, Patient Centered Care, the Chaplain Service, and OMHSP. The OIG learned that, as part of the Organizational Health Council's efforts

- NCOD and the identified Organizational Health Council team developed and implemented a COVID-19 Employee Support Toolkit to guide leaders in development of facility-specific "Employee Support Teams" that could augment the efforts of EAP;¹⁷

¹⁷ VA NCOD, "VA COVID-19 Employee Support Toolkit."

- Chaplain Service leaders solicited Employee Reflection videos, which were opportunities for employees to share their thoughts about the COVID-19 pandemic coupled with a meaningful or inspirational message provided by the Chaplain Service; and
- OMHSP staff shared resources related to resiliency and self-care including a recorded webinar on how employees can care for themselves and support colleagues during the pandemic, tips on managing stress reactions, information about transitioning from unhelpful to helpful thoughts, and strategies to help employees' families cope during the pandemic.

The OIG also learned that these offices and their staff independently created and disseminated employee well-being resources specific to the COVID-19 pandemic:

- NCOD staff created a COVID-19 rapid response consultation process for VHA leaders who were in a supervisory role. The rapid response consult provided counseling about leadership skills in a virtual environment, communication, and employee support needs.
- NCOD staff also developed and administered the VA fiscal year 2020 All Employee Survey, which included a special COVID-19 module to review employee stress, needs, and barriers to performance.¹⁸
- Patient Centered Care staff developed an employee well-being website with links to articles, podcasts, videos, and other resources for physical and emotional self-care.¹⁹
- Chaplain Service staff submitted spiritual-motivational videos, handouts, and a list of web resources under the heading of spiritual health to the Patient Centered Care employee well-being website.
- Chaplain Service staff also established a Wall of Honor in the VA Central Office chapel to recognize VA employees who died as a result of the COVID-19 pandemic.²⁰
- OMHSP staff developed and disseminated a series of COVID-19 self-directed electronic resource pages through a dedicated OMHSP COVID-19 resources website and SharePoint site.²¹

¹⁸ National Center for Organization Development, "VA All Employee Survey," accessed August 16, 2021, <https://www.va.gov/NCOD/VAworkforcesurveys.asp>. The VA All Employee Survey is administered to all VA employees every June to identify areas of "organizational strengths and opportunities for improvement."

¹⁹ VA Whole Health, "Employee Whole Health," accessed April 26, 2021, <https://www.va.gov/WHOLEHEALTH/professional-resources/EWH-resources.asp>.

²⁰ National VA Chaplain Service, "History of the Department of Veterans Affairs Chaplain Service," accessed April 26, 2021, https://www.patientcare.va.gov/chaplain/docs/History_Department_Veterans-Affairs_Chaplain_Service-Jan2021.pdf.

²¹ Office of Mental Health and Suicide Prevention (11MHSP), "COVID-19 Resources Page."

- OMHSP leaders supported the National Center for PTSD’s development and implementation of a mobile software application, *COVID Coach*, as an additional resource.²²
- The Office of the Chief Human Capital Officer (Human Capital Office) issued three informational bulletins to raise awareness of EAP services; these bulletins were distributed via an email group that went to human resource professionals and senior leaders.²³

For a full description of the Organizational Health Council and individual office efforts, see [appendix B](#).

Finally, and separate from the COVID-19 specific resources, the Office of Emergency Management requires, through the VHA Comprehensive Emergency Management Program, that each facility’s Emergency Operations Plan include the capability to provide mental health services to staff in the wake of a disaster.²⁴

VHA COVID-19 Response Reports

VHA published three COVID-19 Response Reports that served to evaluate the ongoing implementation of the COVID-19 Response Plan.²⁵

²² “Mobile Apps: COVID Coach,” PTSD: National Center for PTSD, accessed April 20, 2021, https://www.ptsd.va.gov/appvid/mobile/COVID_coach_app.asp. *COVID Coach* is a free mobile application for veterans and civilians to support emotional well-being and self-care during the pandemic. “Mission and Overview,” PTSD: National Center for PTSD, accessed April 20, 2021, <https://www.ptsd.va.gov/about/work/mission.asp>. The National Center for PTSD is an international center of excellence that performs research and provides education and training on PTSD and trauma.

²³ The VA’s Employee Occupational Health Service, directed by the Human Capital Office and Administration/Operations, Security and Preparedness, oversees the EAP. Each facility EAP, at minimum, must be able to refer to or provide treatment for employees struggling with alcohol or substance use disorders, but is strongly encouraged to offer services targeting “emotional stress, mental health disorders, family or relationship difficulties, financial/legal concerns, job stress and other concerns that may affect work performance and personal health issues which affect employee performance and/or conduct.” VA Directive 5019. VA Handbook 5019.

²⁴ VHA Directive 0320, *Comprehensive Emergency Management Program*, April 12, 2013. The 2013 directive was rescinded and replaced by VHA Directive 0320, *VHA Comprehensive Emergency Management Program*, July 6, 2020. The 2013 and 2020 directives were in effect at the time of the events discussed in this report. The 2013 directive describes a Continuity of Operations Plan and an Emergency Operations Plan; the 2020 directive combines these under the Emergency Operations Plan. VHA Emergency Management Capability Assessment Program, *Program Guide for VA Medical Facility Assessments*, December 8, 2017.

²⁵ VHA, *Coronavirus Disease 2019 (COVID-19) Response Report*, October 27, 2020. VHA, *Coronavirus Disease 2019 (COVID-19) Response Report-Annex A*, May 10, 2021. VHA, *Coronavirus Disease 2019 (COVID-19) Response Report-Annex B*, December 15, 2021.

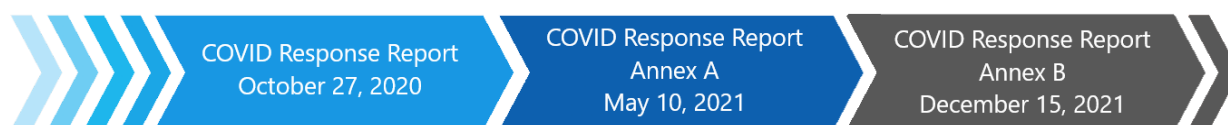


Figure 3. Publication of VHA COVID-19 Response Reports

Source: VA OIG analysis of published reports.

The first report was published in October 2020, the second in May 2021, and the most recent report was published on December 15, 2021.²⁶ In the December report, VHA noted that frontline staff “exhibited a diminished capacity to deal with the stresses and demands of the work environment” and that “in some instances, stress manifested in interpersonal challenges and conflict.”²⁷ The report also documented that the 2021 All Employee Survey indicated that 19 percent of VHA staff reported experiencing “moderate burnout,” an increase when compared to prior years, and 25 percent of VHA staff reported “high” and “extreme” levels of stress related to the pandemic.²⁸ It was further noted in the report that VHA nursing staff described an increase in the number of voluntary losses due to retirement and resignation (18 percent for nurses and 35 percent for nursing assistants) and concerns about potential risk of exposure to COVID-19.²⁹ The report recommended the development of “a comprehensive strategy with metrics and actions to monitor and mitigate stress on the health care workforce, facilitate wellness, and enhance retention.”³⁰ To that end, VHA announced the Reducing Employee Burnout and Optimizing Organizational Thriving (REBOOT) Task Force in November 2021 with the goal of improving VHA staff’s well-being.³¹

Concerns

In November 2020, the OIG initiated a review of VHA’s processes and programs that address the psychological and emotional well-being of VHA staff during the COVID-19 pandemic. For a listing of prior OIG reports related to COVID-19, see [appendix C](#).

²⁶ VHA, *COVID-19 Response Report*. VHA, *COVID-19 Response Report-Annex A*. VHA, *COVID-19 Response Report-Annex B*.

²⁷ VHA, *COVID-19 Response Report-Annex B*.

²⁸ National Center for Organization Development, “VA All Employee Survey,” accessed August 16, 2021, <https://www.va.gov/NCOD/VAworkforcesurveys.asp>. The VA All Employee Survey is administered to all VA employees every June to identify areas of “organizational strengths and opportunities for improvement.” VHA, *COVID-19 Response Report-Annex B*.

²⁹ VHA, *COVID-19 Response Report-Annex B*.

³⁰ VHA, *COVID-19 Response Report-Annex B*.

³¹ VHA, *COVID-19 Response Report-Annex B*. Message from the Office of the Under Secretary for Health, “UPDATE: Addressing Employee Burnout,” November 23, 2021.

Scope and Methodology

The OIG initiated the review on November 30, 2020, and conducted virtual interviews with VA and VHA leaders in multiple offices.³² The OIG reviewed relevant VHA policies and procedures, literature on psychological first aid and employee emotional well-being following traumatic events, and evolving literature on COVID-19.

The OIG developed a series of survey questions about VHA guidance regarding employees' emotional well-being during the pandemic, available resources, monitoring of available support programs, and employee engagement with available support programs. A voluntary survey was sent to Veterans Integrated Service Network (VISN) and facility leaders as well as clinical and non-clinical staff who were possibly affected by the COVID-19 pandemic and who served in their roles from March 11 through December 9, 2020.³³ These questions were presented as a series of yes, no, multiple choice, and open-ended. For facility leaders who were responsible for more than one medical center (or campus), the OIG considered their responses collectively for all the medical centers (or campuses) under their jurisdiction. Survey responses were returned directly to the OIG and reviewed in aggregate. The OIG did not validate the survey responses for accuracy or completeness and acknowledge that this information is not generalizable.

Site selection for survey administration was completed using the OIG's metric of COVID-19 positive cases for VHA facilities. The data were cumulative. There is likely a correlation between the higher prevalence of COVID-19 positive cases and an increase in the overall care burden placed on facility staff.³⁴ To try and gather diverse information, VHA medical center measures of COVID-19 positive cases were pulled and broken into quintiles. On December 9, 2020, 83 sites from 18 VISNs were selected from the first, third, and fifth quintiles in an attempt to capture a range of COVID-19 burden on VHA facilities. Community-based outpatient clinics and community living centers were drawn from the facility cohort identified using OIG metrics. (See [appendix D](#) for a list of the 83 selected sites.)

³² The OIG interviewed VA leaders from the Human Capital Office and Work Life and Benefits and VHA leaders from Human Capital Management, NCOD, OMHSP, Patient Centered Care, Chaplain Service, and the Office of Emergency Management.

³³ The World Health Organization declared the pandemic on March 11, 2020. The OIG selected the facilities for the survey on December 9, 2020.

³⁴ COVID-19 positive cases are defined by the OIG as VHA patients who were diagnosed with or laboratory confirmed for COVID-19, including those who had either *Confirmed*, *Detected*, *Positive* laboratory results or diagnosis codes of U07.1 and B97.29.

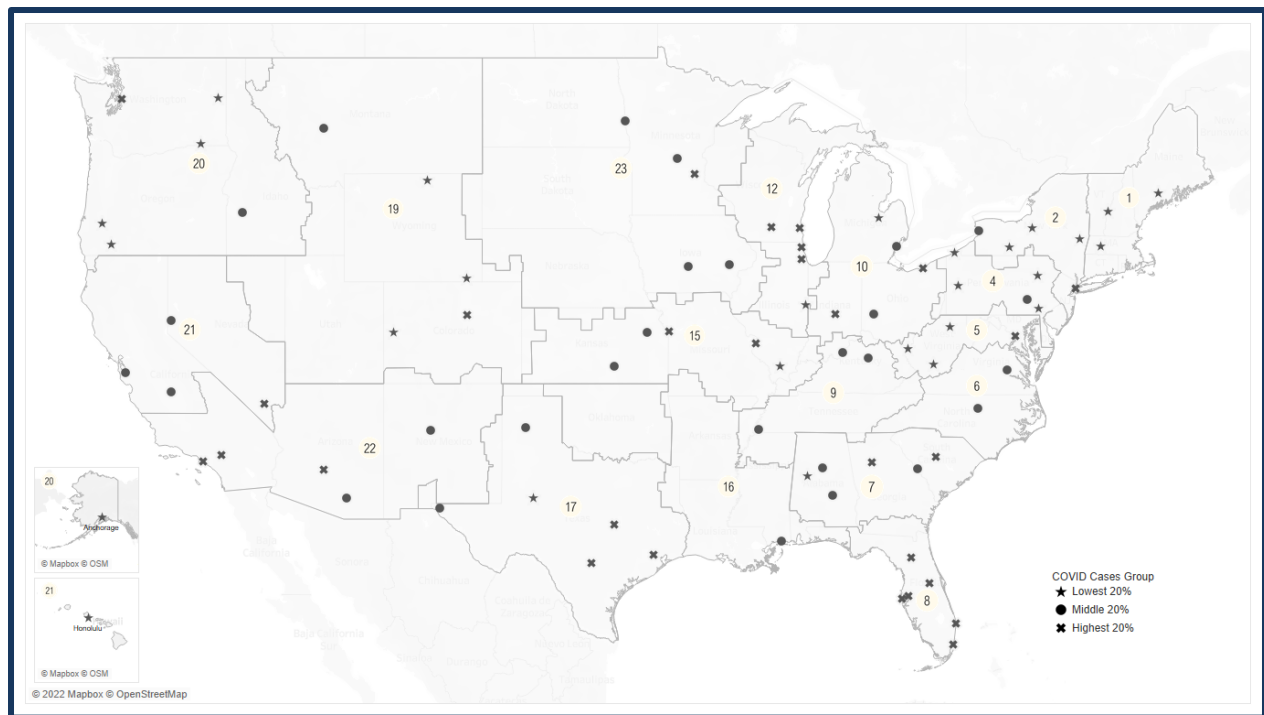


Figure 4. Map of 83 sites selected for survey administration

Source: VA OIG analysis of selected VHA sites.

There were 8,665 survey responses from the 83 sites surveyed. The responses were organized by VISN leaders, facility leaders, facility service leaders, clinical staff, and non-clinical staff.³⁵ The data were reviewed, the survey responses assessed, and self-duplicative or incomplete responses were removed. Additionally, 199 survey responses were removed because participants selected incorrect job titles, thus invalidating their responses. As a result of these exclusions, there were a total of 8,026 final survey responses. Analysis was conducted using Microsoft Excel and JMP software programs.³⁶

In the absence of current VA or VHA policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978, Pub. L. No. 95-452, §7, 92 Stat. 1101, as amended (codified at 5 U.S.C. App. 3). The OIG reviews available evidence within a specified scope and

³⁵ Facility non-clinical staff and administrative support staff groups were combined for ease of review.

³⁶ “Microsoft Excel,” Microsoft website, accessed on June 18, 2021, <https://www.microsoft.com/en-us/microsoft-365/excel>. Microsoft Excel is a spreadsheet software tool that organizes data and offers a range of analysis capabilities. “JMP,” JMP website, accessed on June 18, 2021, https://www.jmp.com/en_us/software/data-analysis-software.html. JMP is a data analysis package that includes “Text Exploration,” the capability to extract data from free text.

methodology and makes recommendations to VA leaders, if warranted. Findings and recommendations do not define a standard of care or establish legal liability.

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

Results

Through a survey of selected VISN, facility, clinical and non-clinical staff, OIG areas of concern related to employee emotional well-being: mainly a generally diminishing awareness of supports in relation to organizational hierarchy, low utilization of support resources by both leadership and frontline employees, as well as employee perception of inadequate support and responsiveness from leadership.

1. Generally Diminishing Awareness of VHA Guidance to Address Emotional Well-Being in Relation to Organizational Hierarchy

The OIG asked all survey participants, “Were you aware of VHA’s guidance to address employee psychological well-being during the COVID-19 pandemic?” OIG analysis of survey data generally suggested that the further staff were from the top of the organizational hierarchy and the national level dissemination efforts, the less awareness they reported having about supports for employee psychological well-being.³⁷

³⁷ GAO, *Veterans Health Administration: Regional Networks Need Improved Oversight and Clearly Defined Roles and Responsibilities*, GAO-19-462, June 2019. VHA’s health care delivery system is organized regionally, around 18 VISNs that represent defined geographic areas. VISN directors who report to VHA’s Deputy Under Secretary for Operations and Management and retain the authority to develop and implement local management, administrative, and staffing arrangements when necessary. Each VISN is responsible for overseeing medical centers within their region.

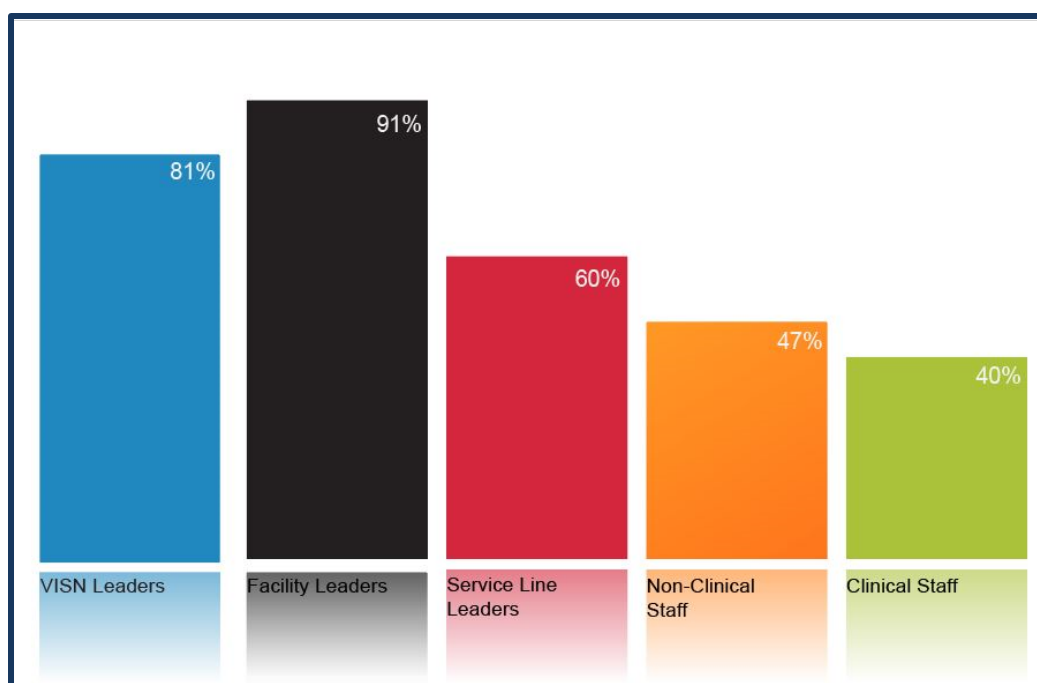


Figure 5. VHA subgroup awareness of VHA guidance to address emotional well-being.
Source: VA OIG analysis of survey data.

For example, of those individuals who chose to participate in the survey, 81 percent of VISN respondents, 91 percent of facility leader respondents, 60 percent of facility service line leader respondents, 40 percent of clinical staff respondents, and 47 percent of non-clinical staff respondents reported they were aware of VHA’s guidance for efforts to provide emotional support resources for employees (see figure 5). Informational emails were the commonly cited method of communication to staff at every level.

2. Utilization of Available Supports by Leadership and Employees

The OIG asked VISN, facility, and facility service line leaders, “Are you aware that facilities may submit requests for COVID-19 Rapid Response Consultation to NCOD?” If the respondent answered, ‘yes,’ VISN leaders were asked, “How many facilities in your VISN have submitted requests for COVID-19 Rapid Response Consultation to NCOD?” and facility and facility service line leaders were asked, “Has your [facility] submitted a request for COVID-19 Rapid Response Consultation to NCOD?”

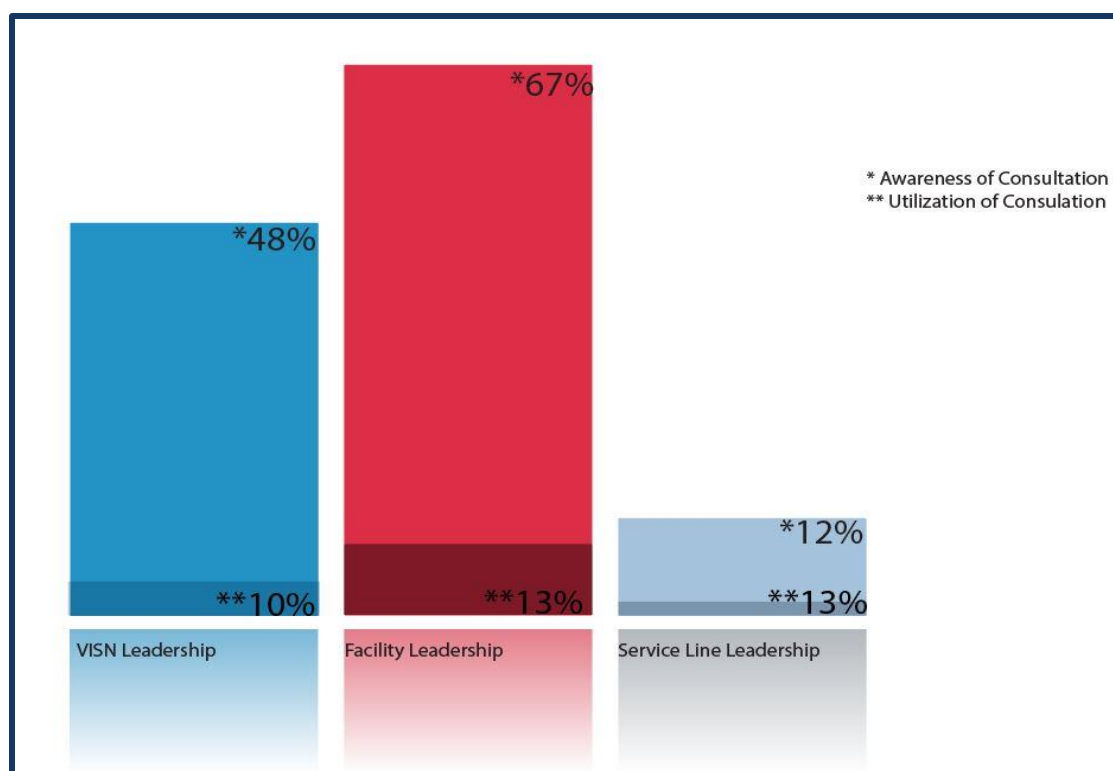


Figure 6. VHA leader subgroups' awareness of and utilization of NCOD rapid response consultation.

Source: VA OIG analysis of survey data.

Forty-eight percent of VISN leader respondents reported awareness that facilities could submit rapid response consults to NCOD as described in the updated COVID Response Plan; however, of those VISN leaders who were aware of the rapid response consult availability, only one VISN leader reported submission of a consult request.³⁸ Sixty-seven percent of facility leader respondents reported awareness of the NCOD rapid response consultation. Thirteen percent of facility leader respondents reported using the service, and one respondent reported “GREAT support by NCOD for [executive leadership] team performance.” Twelve percent of facility service line leader respondents were aware of the consultation process, and of those who were aware, 13 percent of facility service line leader respondents submitted NCOD rapid response consults (see figure 6).

The OIG asked clinical and non-clinical staff, “What services, if any, does your facility, unit, or group make available to you to provide emotional and social support for employees during COVID-19?” Clinical and non-clinical staff respondents (4,925 and 2,463, respectively) reported collegial support, virtual resources, and EAP were the most frequently cited available emotional

³⁸ VHA, COVID-19 Response Plan: Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan, ver. 2.

support resources. The OIG then asked, “If available, have you accessed any of your facility, unit, or group’s COVID-19 related resources?”

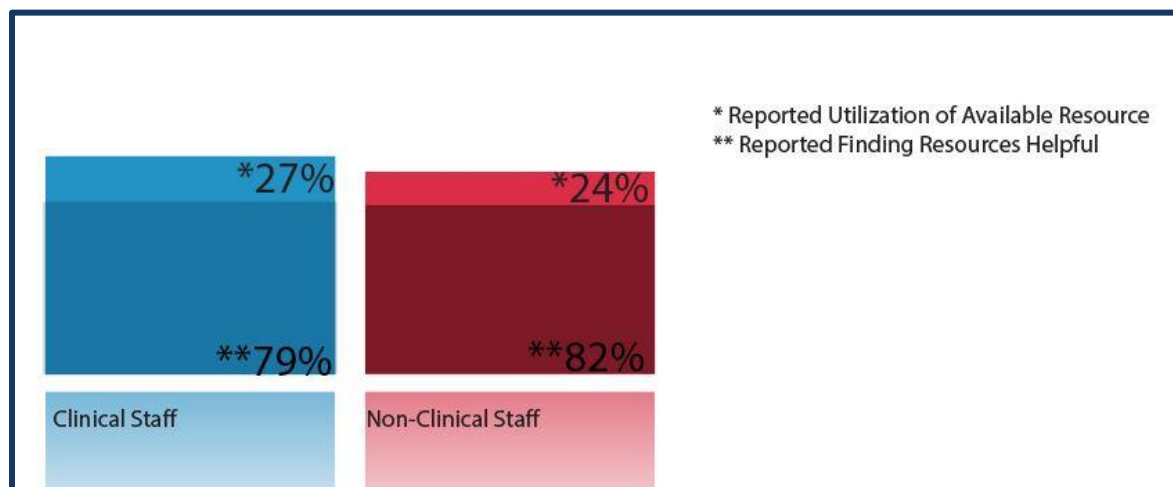


Figure 7. Employees’ utilization of available resources and percentage who felt the resources were helpful.

Source: VA OIG analysis of survey data.

Only about one-quarter of staff respondents (27 percent of clinical staff) and (24 percent of non-clinical staff) reported utilizing support of which [personal protective equipment](#) resources and virtual emotional support resources were the most frequently accessed. Finally, the OIG asked respondents who had used the support resources, “Have you found your facility, unit, or group’s COVID-19 related resources helpful?” Seventy-nine percent of clinical staff respondents and 82 percent of non-clinical staff found the resources they did use to be helpful (see figure 7).

3. Perception of Inadequate Support and Responsiveness from Leadership

The OIG asked clinical and non-clinical staff, “Has your facility, unit, or group leadership been responsive to any concerns that you have expressed to them during the COVID-19 pandemic?”

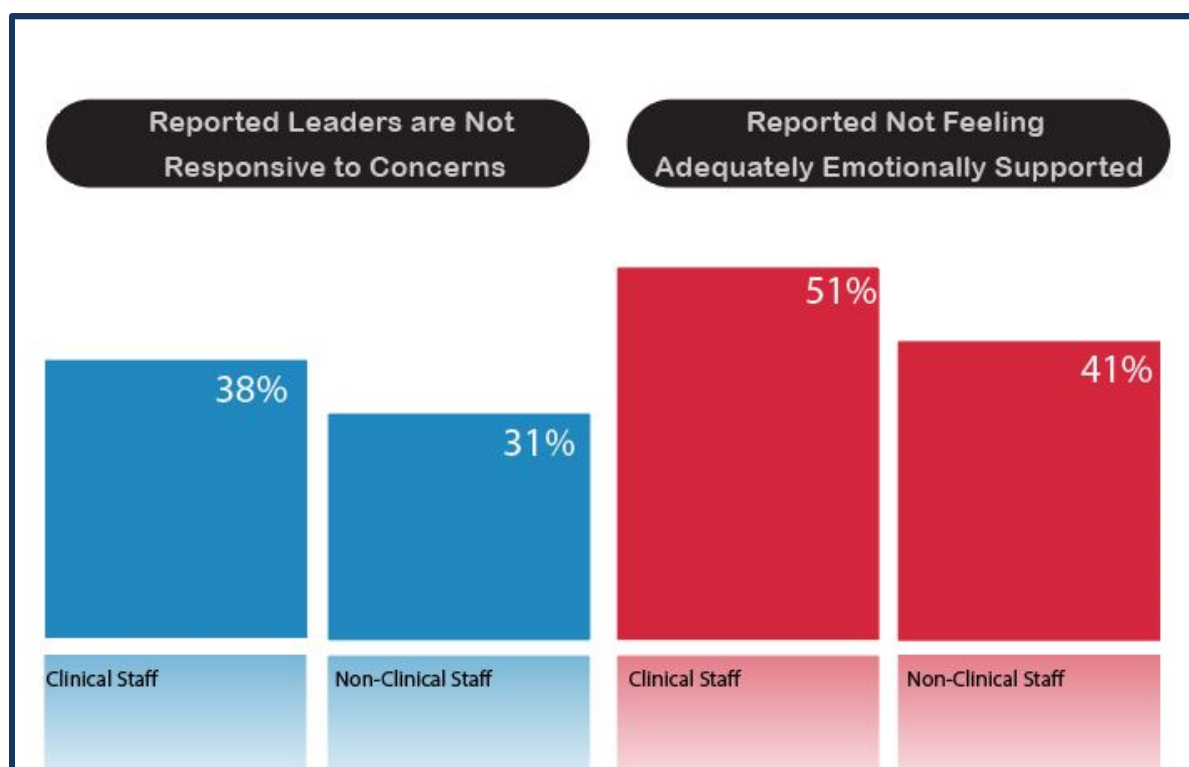


Figure 8. Staff perception of leadership responsiveness and adequacy of support.

Source: VA OIG analysis of survey data.

Thirty-eight percent of clinical staff respondents and 31 percent of non-clinical staff respondents said their leaders were not responsive.

Respondents who answered, ‘no’ to whether their leadership was responsive were then given the following options:

- “My immediate leadership was not responsive to my concerns.”
- “My immediate leadership was responsive to my concerns, but higher-level leadership was not.”
- “I have concerns but didn’t [sic] share them because I don’t [sic] think it will make a difference.”
- “I have concerns but didn’t share them due to fear of reprisal.”
- A free-text box.³⁹

Respondents were allowed to choose multiple options. Of the 1,893 clinical staff respondents who said, ‘no’

³⁹ NA is an abbreviation to indicate ‘Not Applicable.’

- 47 percent indicated leadership was not responsive,
- 38 percent indicated their leadership was responsive but higher-level leadership was not,
- 34 percent indicated they had concerns but did not think they would make a difference, and
- 25 percent indicated they had fears of reprisal.

Of the 766 non-clinical staff respondents who said, ‘no’

- 46 percent indicated their leadership was unresponsive,
- 34 percent indicated they had concerns but did not think they would make a difference,
- 29 percent indicated their leadership was responsive but higher-level leadership was not, and
- 25 percent indicated they had fears of reprisal.

The OIG asked clinical and non-clinical staff, “Do you feel adequately emotionally supported by your facility, unit, or group during the COVID-19 pandemic?” Fifty-one percent of clinical staff respondents and 41 percent of non-clinical staff respondents expressed that they did not feel adequately emotionally supported during the pandemic (see figure 8).

Conclusion

As documented by the August 2020 COVID-19 Response Plan update, the Organizational Health Council and several VHA program offices, both in collaboration and individually, participated in the creation and dissemination of resources for leaders and employees.⁴⁰ The OIG acknowledges the efforts of these VHA program offices in rapidly foreseeing and attempting to respond to the emotional well-being needs of VHA staff during the COVID-19 pandemic with the swift creation of extensive wellness-related resources.

However, despite these efforts, there was generally diminishing awareness of VHA guidance and available support resources the closer staff were to the frontline, with fewer than half of clinical and non-clinical staff reporting awareness of these resources. Even among those leaders and staff who were cognizant of resource availability, utilization remained low; one in 10 VISN leaders used the rapid response consultation process and about one in four frontline staff used accessible supports. Importantly, about four out of five clinical and non-clinical staff who used the resources provided found them to be helpful, underlining the importance of timely, accurate, and transparent communication of COVID-19 specific resource availability. Greater awareness and

⁴⁰ VHA, *COVID-19 Response Plan: Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan*, ver. 2

encouragement could lead to increased utilization of resources, a better sense of facility support for employees experiencing distress, and improved organizational resilience.

About one-third of clinical and non-clinical staff respondents indicated they did not feel their leadership was responsive to their needs, and 51 percent of clinical staff and 41 percent of non-clinical staff respondents reported they did not feel adequately emotionally supported by their facility during the pandemic. Given that VHA reported in their COVID-19 Response Plan that 19 percent of staff report burnout and 25 percent of staff experience “high” or “extreme” stress levels associated with COVID-19, the OIG would expect VHA to be at risk for increased employee turnover.⁴¹ The OIG recommends that VHA review the process by which COVID-19 resources were developed and disseminated and take action as needed to increase and ensure VISN and facility leadership as well as facility staff awareness of available resources about the potential risks and signs of burnout.

Recommendation

The Under Secretary for Health reviews the processes by which COVID-19 emotional well-being resources were developed and disseminated and takes action as needed to increase and ensure Veterans Integrated Service Network and facility leadership as well as facility staff’s awareness of available resources about the potential risks and signs of burnout.

⁴¹ VHA, *COVID-19 Response Report-Annex B*.

Appendix A: VA Offices Responding to COVID-19 Employee Well-being

National Center for Organization Development

The National Center for Organization Development (NCOD) supports VHA leadership with increasing VHA employee engagement, satisfaction, and professional development through research, consultation, and assessment.⁴² NCOD's responsibilities include administration and analysis of the All Employee Survey and consultation services for VHA leaders at all levels.⁴³

NCOD also chairs the Organizational Health Council, which has the authority to form committees and make recommendations to VHA leaders on the establishment and implementation of policies, initiatives, and programs.⁴⁴ The Organizational Health Council's responsibilities include development of tools to disseminate best practices through VISN-level councils as well as the identification of gaps, priority setting, and creation of teams to improve the employee experience.⁴⁵

Office of Patient Centered Care & Cultural Transformation

Patient Centered Care reframes the healthcare experience as Whole Health, a partnership with veterans rather than a disease-focused healthcare model.⁴⁶ As part of this mission, Patient Centered Care provides staff training to include elements of Whole Health in all education opportunities, develops partnerships to disseminate Whole Health ideals, and deploys best practices on a national level.⁴⁷

⁴² VHA Office of Human Capital Management, "National Center for Organization Development (NCOD)," October 8, 2020. VA, *VHA National Center for Organization Development*, August 2016, accessed February 15, 2021, https://www.va.gov/NCOD/NCOD_Brochure_print.pdf.

⁴³ VA, 2019 *Functional Organization Manual*, December 21, 2018, accessed February 15, 2021, <https://vaww.va.gov/FOM-5-Final-July-2019.pdf>. VA, 2020 *Functional Organization Manual*, September 1, 2020, accessed November 8, 2021, <https://www.va.gov/VA-Functional-Organization-Manual-2020-4.pdf>. National Center for Organization Development, "VA All Employee Survey," accessed August 16, 2021, <https://www.va.gov/NCOD/VAsurveyforcesurveys.asp>. The VA All Employee Survey is administered to all VA employees every June to identify areas of "organizational strengths and opportunities for improvement."

⁴⁴ VHA Governance, Organizational Health Council Charter.

⁴⁵ VHA Governance, Organizational Health Council Charter.

⁴⁶ VA, 2019 *Functional Organization Manual*, December 21, 2018, accessed February 15, 2021, [VA Functional Organization Manual - V.5.0 - FY 2019](https://www.va.gov/VA-Functional-Organization-Manual-2020-4.pdf). VA, 2020 *Functional Organization Manual*, September 1, 2020, accessed November 8, 2021, <https://www.va.gov/VA-Functional-Organization-Manual-2020-4.pdf>.

⁴⁷ VA, 2019 *Functional Organization Manual*, December 21, 2018, accessed February 15, 2021, [VA Functional Organization Manual - V.5.0 - FY 2019](https://www.va.gov/VA-Functional-Organization-Manual-2020-4.pdf). VA, 2020 *Functional Organization Manual*, September 1, 2020, accessed November 8, 2021, <https://www.va.gov/VA-Functional-Organization-Manual-2020-4.pdf>.

National VA Chaplain Service

The National VA Chaplain Service empowers clinically trained chaplains to provide spiritual support and counseling to veterans and caregivers.⁴⁸ Chapels are available at every VA medical center where chaplains provide religious services.⁴⁹

Office of Mental Health and Suicide Prevention

The Office of Mental Health and Suicide Prevention (OMHSP) oversees development and implementation of the full spectrum of mental health and behavioral health services, including suicide prevention.⁵⁰ The functions involve oversight and collaboration with VISN and facility leaders and other government and non-government organizations to promote evidence-based care and encourage ongoing quality improvement.⁵¹

Office of Emergency Management

The Office of Emergency Management is responsible for the development and management of the Comprehensive Emergency Management Program, which ensures ongoing provision of VHA healthcare services during an emergency or disaster.⁵² The Office of Emergency Management coordinates dissemination of resources, including personnel, during national security events and

⁴⁸ VA Patient Care Services, “National VA Chaplain Service,” accessed April 26, 2021, <https://www.patientcare.va.gov/Chaplain.asp>.

⁴⁹ VA Patient Care Services, “National VA Chaplain Service.” VA, 2019 *Functional Organization Manual*, 2018. VA, 2020 *Functional Organization Manual*, September 1, 2020, accessed November 8, 2021, <https://www.va.gov/VA-Functional-Organization-Manual-2020-4.pdf>.

⁵⁰ VA, 2019 *Functional Organization Manual*, 2018. VA, 2020 *Functional Organization Manual*, September 1, 2020, accessed November 8, 2021, <https://www.va.gov/VA-Functional-Organization-Manual-2020-4.pdf>.

⁵¹ VA, 2019 *Functional Organization Manual*, 2018. VA, 2020 *Functional Organization Manual*, September 1, 2020, accessed November 8, 2021, <https://www.va.gov/VA-Functional-Organization-Manual-2020-4.pdf>.

⁵² VA, 2019 *Functional Organization Manual*, 2018. VA, 2020 *Functional Organization Manual*, September 1, 2020, accessed November 8, 2021, <https://www.va.gov/VA-Functional-Organization-Manual-2020-4.pdf>. VA, “VHA Office of Emergency Management,” accessed on April 20, 2021, <https://www.va.gov/VHAEMERGENCYMANAGEMENT/index.asp>. VHA Directive 0320, *Comprehensive Emergency Management Program*, April 12, 2013. The 2013 directive was rescinded and replaced by VHA Directive 0320, *VHA Comprehensive Emergency Management Program*, July 6, 2020. The 2013 and 2020 directives were in effect at the time of the events discussed in this report. The 2013 directive describes a Continuity of Operations Plan and an Emergency Operations Plan; the 2020 directive combines these under the Emergency Operations Plan.

national disasters, and supports senior leaders in the development of Emergency Operations Plans.⁵³

Employee Occupational Health Service and Employee Assistance Program

The VA's Employee Occupational Health Service, directed by the Office of the Chief Human Capital Officer (Human Capital Office) and Administration/Operations, Security and Preparedness, oversees the Employee Assistance Program (EAP).⁵⁴ Each facility EAP, at minimum, must be able to refer to or provide treatment for employees struggling with alcohol or substance use disorders, but is strongly encouraged to offer services targeting "emotional stress, mental health disorders, family or relationship difficulties, financial/legal concerns, job stress and other concerns that may affect work performance and personal health issues which affect employee performance and/or conduct."⁵⁵

Employees may seek help from their facility's EAP either through self-referral or referral by a facility's Employee Occupational Health Service office. Participation in EAP services is voluntary.⁵⁶ EAP staff perform a confidential assessment and follow-up with short-term counseling, mental health education, and access to resources, and when appropriate, referral to professional treatment in the community.⁵⁷

⁵³ VA 2019 *Functional Organization Manual*, 2018. VA 2020 *Functional Organization Manual*, September 1, 2020, accessed November 8, 2021, <https://www.va.gov/VA-Functional-Organization-Manual-2020-4.pdf>. "An Emergency Operations Plan (EOP) provides the structure and processes that the organization utilizes to respond to and initially recover from an incident/event." VHA Directive 0320.02, *Veterans Health Administration Health Care Continuity Program*, January 22, 2020.

⁵⁴ VA Directive 5019. VA Handbook 5019.

⁵⁵ VA Directive 5019. VA Handbook 5019.

⁵⁶ VHA *Employee Occupational Health Guidebook*, December 17, 2019, accessed November 19, 2020, <http://vaww.hefp.va.gov/guidebooks/employee-occupational-health-guidebook-0>.

⁵⁷ VHA *Employee Occupational Health Guidebook*.

Appendix B: Efforts of the Organizational Health Council-VHA Social Work COVID-19 Tiger Team and Individual VHA Program Offices

Organizational Health Council-VHA Social Work COVID-19 Tiger Team

The OIG determined that the Tiger Team coordinated with multiple VHA program offices to create a COVID-19 Employee Support Toolkit (Toolkit) and other resources, including a SharePoint site, but lacked a mechanism to oversee and evaluate the impact of these tools.

In March 2020, the Organizational Health Council convened the Tiger Team to address employees' emotional support during the COVID-19 pandemic and included members from NCOD, Patient Centered Care, the Chaplain Service, and OMHSP.

NCOD and the Patient Centered Care helped develop a COVID-19 Employee Support Toolkit to guide leaders in development of facility-specific "Employee Support Teams" that could augment the efforts of EAP.⁵⁸ Although an NCOD leader told the OIG that the number of website views for the Toolkit was greater than expected, monitoring utilization of the Toolkit was not required and did not take place and therefore, they were unable to determine the full extent this resource was utilized. Further, the NCOD did not perform follow-up to ask if facilities were creating employee support plans because, per the NCOD leader, the NCOD did not want to create greater workload for facility leaders. NCOD and Patient Centered Care leaders told the OIG they disseminated information about the Employee Support Toolkit through various mechanisms, including VA Insider: COVID-19 page, flyers, emails from VHA leaders to VISN Organizational Health Council representatives, VISN mental health leads, VISN social work leads, and Chiefs of Chaplain Services.

The Chaplain Service's role on the Tiger Team was to support employee resilience, and emotional, mental, and spiritual health. A Chaplain Service leader reported using weekly Chief Chaplain meetings to share the Tiger Team resources with facility chaplains. As part of the Tiger Team, Chaplain Service leaders began solicitation of Employee Reflection videos, which are opportunities for employees to share their thoughts about the COVID-19 pandemic coupled with a meaningful or inspirational message provided by the Chaplain Service. Instructions for participation were posted on the Patient Centered Care employee well-being website; each video was reviewed by a Chaplain Service leader and three members of the Tiger Team.⁵⁹ As of

⁵⁸ VA NCOD, "VA COVID-19 Employee Support Toolkit."

⁵⁹ "Invitation to Provide an Employee Reflection," VA Employee Whole Health: Self-Care Resources for Your Whole Health.

March 2021, a Chaplain Service leader told the OIG that the team had received and published 11 submissions.

OMHSP participated in the Organizational Health Council's Tiger Team along with members from NCOD and Patient Centered Care by sharing resources related to resiliency and self-care, although an OMHSP leader stated they were not responsible for publication of formal guidance related to employee well-being during the pandemic.

Individual Efforts by VHA Program Offices

Several VHA offices created and disseminated employee well-being resources specific to the COVID-19 pandemic. The offices included NCOD, Patient Centered Care, Chaplain Service, and OMHSP.

National Center for Organization Development

An NCOD leader stated that NCOD did not receive formal written guidance about the provision of employee emotional support during the COVID-19 pandemic. Although NCOD collaborated with other program offices through education and the dissemination of pandemic-related electronic resources, NCOD had no programmatic responsibility for the provision of resources or services for employees. According to the VA Functional Organization Manual, NCOD's role was to provide support to leaders and help those leaders develop an environment that was healthy and supportive of their employees.⁶⁰

In March 2020, NCOD created a COVID-19 rapid response consultation process for VHA leaders in a supervisory role. The rapid response consult provided counseling about leadership skills in a virtual environment, communication, and employee support needs. According to the NCOD Executive Director, information regarding the rapid response consultation was disseminated by electronic flyer "to leaders across the system" with the NCOD Executive Director sending email communication to medical center directors and executive leadership teams in COVID-19 hotspots to offer targeted support. From March through June 2020, there were 60 rapid response consultations; nine were specifically related to the management of emotions, stress, and self-care. An NCOD leader told the OIG the quantity of consults was lower than expected and speculated that the low response rate was likely because leaders were primarily engaged in managing the crisis; consequently, NCOD ended the rapid response consult option in July 2020. Leaders could continue to consult with NCOD through the regular channels

⁶⁰ VA 2019 *Functional Organization Manual*, December 21, 2018, accessed February 15, 2021, <https://vaww.va.gov/FOM-5-Final-July-2019.pdf>. VA 2020 *Functional Organization Manual*, September 1, 2020, accessed November 8, 2021, <https://www.va.gov/VA-Functional-Organization-Manual-2020-4.pdf>.

and utilize the Rapid Response Resources on the NCOD SharePoint site, but an NCOD leader stated NCOD did not receive many specifically “COVID themed” consults.⁶¹

An NCOD leader told the OIG that early in the pandemic no existing infrastructure was found sufficient to manage employee health and wellness during a pandemic. While a number of program offices had “pieces” of a process, no one office had ultimate oversight responsibility including VA Work Life and Benefits, which according to a Work Life and Benefits employee, keeps track of facility EAP contact information.⁶² Although every medical center is required to have an EAP, an NCOD leader was unable to easily identify national level governance for EAPs beyond coordination of an EAP contact list.⁶³

NCOD administered the fiscal year 2020 All Employee Survey that included a special COVID-19 module to review employee stress, needs, and barriers to performance. The NCOD Executive Director told the OIG that the survey had a nearly 70 percent response rate, with 68 percent of respondents indicating that VHA is “doing all it realistically can to respond to the [COVID-19] pandemic.”

Office of Patient Centered Care & Cultural Transformation

A Patient Centered Care leader stated that the Patient Centered Care office did not receive formal written guidance about the provision of employee emotional support during the COVID-19 pandemic. Prior to the pandemic, Patient Centered Care planned to support employee well-being by creating Whole Health coordinator roles at facilities. Although the plan was still in early development, it was incorporated into VISN leaders’ performance plans for fiscal year 2021. A Patient Centered Care leader shared that in March 2020, national VHA leaders initiated informal communications emphasizing employee well-being and psychological health. The employee well-being website was the primary resource developed by the Patient Centered Care office.⁶⁴ The website contained links to articles, podcasts, videos, and other resources for physical and emotional self-care. VHA leaders promoted the website via a VHA-wide video message and various COVID-19-themed email blasts to staff in the organization from leaders. From the website’s launch in April 2020 to the end of December 2020, the website had over 44,000 page views. A Patient Centered Care leader told OIG that beyond monitoring the website’s page views, the office was not performing qualitative analytics of the data and that the leader was uncertain whether additional national programs were being developed.

⁶¹ VA NCOD, “Rapid Response Resources.”

⁶² Per a Work Life and Benefits employee, all VHA facility EAP coordinators share facility specific EAP information with the VA Work Life and Benefits office who reports to the VA Director of Work Life and Benefits Service.

⁶³ VA Directive 5019. VA Handbook 5019.

⁶⁴ VA Whole Health, “Employee Whole Health,” accessed April 26, 2021, <https://www.va.gov/WHOLEHEALTH/professional-resources/EWH-resources.asp>.

Chaplain Service

A VHA Chaplain Service leader told the OIG during an interview that the Organizational Health Council contacted their office about working collaboratively and providing employee resources during the COVID-19 pandemic. The OIG also learned during the interview, as part of these efforts, in March 2020 a Chaplain Service leader initiated weekly Chief Chaplain check-ins to review how each facility was managing and provide support to chaplains in the field. Further, during a VHA-wide video message on April 10, 2020, the former VHA Executive in Charge encouraged employees to contact their chaplains for help with stress or emotional guidance.⁶⁵ Chaplain Service submitted spiritual-motivational videos, handouts, and a list of web resources under the heading of spiritual health to the Patient Centered Care employee well-being website.

In December 2020, Chaplain Service established a Wall of Honor in the VA Central Office chapel to recognize VA employees who died as a result of the COVID-19 pandemic.⁶⁶ A Chaplain Service leader reported asking facility-level chaplains to provide crisis debriefings to colleagues of VA employees who died as a result of the COVID-19 pandemic.

Office of Mental Health and Suicide Prevention

An OMHSP leader stated the program office did not produce formal written guidance about the provision of employee emotional support during the COVID-19 pandemic. OMHSP is responsible for the development and publication of requirements for the provision of VHA mental health services through the Uniform Mental Health Services Handbook.⁶⁷ Although the Handbook has a specific requirement that each facility designate a mental health disaster point of contact who can serve as a member of the facility's disaster response team, an OMHSP leader clarified that the focus of the requirement is on the care of veterans and not the care of employees and opined that any corollary plan for employees would be the responsibility of leaders at the local level.⁶⁸ An OMHSP leader reported a general awareness of VA mental health staff who had been trained to provide disaster response in the wake of natural or man-made tragedies.

An OMHSP leader acknowledged familiarity with the concept of psychological first aid as a model to support staff's emotional well-being during the pandemic and that it was discussed during an organized federal disaster behavioral group convened in spring 2020 to coordinate and

⁶⁵ VA Insider, "COVID-19: VA's Chaplains - Here for Our Veterans and Our Team," accessed April 26, 2021, <https://vaww.insider.va.gov/covid-19-vas-chaplains-here-for-our-veterans-and-our-team/>.

⁶⁶ National VA Chaplain Service, "History of the Department of Veterans Affairs Chaplain Service," accessed April 26, 2021, https://www.patientcare.va.gov/chaplain/docs/History_Department_Veterans-Affairs_Chaplain_Service-Jan2021.pdf.

⁶⁷ VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, amended November 16, 2015.

⁶⁸ VHA Handbook 1160.01.

share ideas across federal agencies. OMHSP did not consider implementing the model at VHA, because VA and VHA had substantial internal resources to address the situation. An OMHSP leader stated that OMHSP developed and disseminated a series of COVID-19 self-directed electronic resource pages through a dedicated COVID-19 resources website and SharePoint site.⁶⁹ The OMHSP leader also described a mobile software application, COVID Coach, from the National Center for PTSD as an additional resource cleared by OMHSP.⁷⁰

These web-based electronic resource pages were shared nationally with VHA mental health and suicide prevention staff via email to the OMHSP National Distribution Group, including, but not limited to, VISN mental health offices and their staff, facility mental health chiefs, and other chiefs, such as psychiatry and psychology chiefs. OMHSP leaders told the OIG they partnered with Patient Centered Care Whole Health on their office's national phone calls to further circulate COVID-19 resources to staff in the field. Although OMHSP collaboratively engaged with other program offices through education and the dissemination of pandemic-related electronic resources, an OMHSP leader reported that they had no programmatic responsibility for the provision of disaster mental health services to employees, including the training of EAP staff.

⁶⁹ Office of Mental Health and Suicide Prevention (11MHSP), "COVID-19 Resources Page."

⁷⁰ "Mobile Apps: COVID Coach," PTSD: National Center for PTSD, accessed April 20, 2021, https://www.ptsd.va.gov/appvid/mobile/COVID_coach_app.asp. COVID Coach is a free mobile application for veterans and civilians to support emotional well-being and self-care during the pandemic. "Stress First Aid: Manual and Resources for Health Care Workers," PTSD: National Center for PTSD, accessed November 30, 2021, https://www.ptsd.va.gov/professional/treat/type/stress_first_aid.asp. Stress First Aid is a self-care model designed to help people in first responder situations (including healthcare workers) during a crisis. "Mission and Overview," PTSD: National Center for PTSD, accessed April 20, 2021, <https://www.ptsd.va.gov/about/work/mission.asp>. The National Center for PTSD is an international center of excellence that performs research and provides education and training on PTSD and trauma.

Appendix C: Prior OIG Reports

OIG Inspection of Veterans Health Administration's COVID-19 Screening Processes and Pandemic Readiness

The OIG observed VHA staff conducting screening at medical centers and community living centers, and interviewed VHA leaders on their facilities' readiness capabilities. The OIG did not make recommendations but referenced ongoing monitoring of VHA's COVID-19 response.⁷¹

Review of Veterans Health Administration's COVID-19 Response and Continued Pandemic Readiness

The OIG performed a follow-up evaluation of VHA preparedness between March 11, 2020, and June 15, 2020, to assess VHA's ongoing COVID-19 response as well as challenges and lessons learned by leaders for inpatient and outpatient care, coordination and access to community care, and community living centers. The OIG did not make recommendations.⁷²

Review of Veterans Health Administration's Emergency Department and Urgent Care Center Operations during the COVID-19 Pandemic

The OIG sent a survey questionnaire to selected Emergency Departments and Urgent Care Centers to assess planning and implementation for the anticipated increase in patient care demand during the COVID-19 pandemic. The survey included questions about whether facility or department leaders were assessing their staff for signs of fatigue, burnout, or other mental health concerns related to the pandemic. "The OIG found that employee stress correlated with local COVID-19 incidence...Virtually all [program leaders] stated that they closely monitored their staff for signs of fatigue and burnout." The report describes "Self-Care Resources for Your Whole Health" as well as several programs initiated by individual program directors or facility leaders. The OIG did not make recommendations.⁷³

Review of Veterans Health Administration's Virtual Primary Care Response to the COVID-19 Pandemic

VHA, in response to the Centers for Disease Control and Prevention's recommendation for social distancing, expanded the delivery of primary care via virtual care. The OIG found that

⁷¹ VA OIG, [*OIG Inspection of Veterans Health Administration's COVID-19 Screening Processes and Pandemic Readiness*](#), Report No. 20-02221-120, March 26, 2020.

⁷² VA OIG, [*Review of Veterans Health Administration's COVID-19 Response and Continued Pandemic Readiness*](#), Report No. 20-03076-217, July 16, 2020.

⁷³ VA OIG, [*Review of Veterans Health Administration's Emergency Department and Urgent Care Center Operations During the COVID-19 Pandemic*](#), Report No. 20-01106-40, December 17, 2020.

face-to-face primary care encounters decreased by 75 percent, while virtual encounters increased, primarily by telephone contact. However, primary care providers responded via survey that virtual care training and support was lacking for veterans, and there were virtual appointment scheduling processes challenges. The OIG made two recommendations for the Under Secretary for Health related to access, equipment, and virtual care application training and support.⁷⁴ The two recommendations were closed on December 17, 2021.

Comprehensive Healthcare Inspection of Facilities' COVID-19 Pandemic Readiness and Response in Veterans Integrated Service Networks 10 and 20

The OIG described findings on COVID-19 practices performed within VISNs 10 and 20 from July 1 through September 30, 2020, with interviews and survey results providing lessons learned and perceptions of preparedness and response. It describes leader and staff experiences, assessments, and best practices to help improve operations and clinical care during public health crises. The OIG did not make recommendations.⁷⁵

Inconsistent Documentation and Management of COVID-19 Vaccinations for Community Living Center Residents

The OIG determined that VHA could not know at a national level whether the vaccine was offered to some Community Living Center residents, and if so, what their status was, despite community living centers residents being in the highest vaccine priority group. The OIG did not make recommendations but requested that VHA inform the OIG of actions to mitigate potential risks.⁷⁶

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

The OIG described findings on COVID-19 practices performed within VISN 19 during the weeks of November 30 and December 7, 2020, with interviews and survey results providing lessons learned and perceptions of preparedness and response. It describes leader and staff experiences, assessments, and best practices to help improve operations and clinical care during

⁷⁴ VA OIG, [*Review of Veterans Health Administration's Virtual Primary Care Response to the COVID-19 Pandemic*](#), Report No. 20-02717-85, March 11, 2021.

⁷⁵ VA OIG, [*Comprehensive Healthcare Inspection of Facilities' COVID-19 Pandemic Readiness and Response in Veterans Integrated Service Networks 10 and 20*](#), Report No. 21-01116-98, March 16, 2021.

⁷⁶ VA OIG, [*Inconsistent Documentation and Management of COVID-19 Vaccinations for Community Living Center Residents*](#), Memorandum No. 21-00913-91, April 14, 2021.

public health crises. The OIG did not make recommendations. At the time of this inspection, the VISN was experiencing the highest number of COVID-19 cases since the beginning of the pandemic.⁷⁷

⁷⁷ VA OIG, [*Comprehensive Healthcare Inspection of Facilities' COVID-19 Pandemic Readiness and Response in Veterans Integrated Service Network 19*](#), Report No. 21-01699-175, July 7, 2021.

Appendix D: List of 83 Selected Sites for Survey Administration

Table D.1. Facility Names and Locations Selected for Survey

Facility Name	City	State
Anchorage VA Medical Center	Anchorage	AK
Tuscaloosa VA Medical Center	Tuscaloosa	AL
Birmingham VA Medical Center	Birmingham	AL
Central Alabama VA Medical Center-Montgomery	Montgomery	AL
Tucson VA Medical Center	Tucson	AZ
Carl T. Hayden VA Medical Center	Phoenix	AZ
Fresno VA Medical Center	Fresno	CA
Palo Alto VA Medical Center	Palo Alto	CA
Tibor Rubin VA Medical Center	Long Beach	CA
Jerry L. Pettis Memorial Veterans' Hospital	Loma Linda	CA
Grand Junction VA Medical Center	Grand Junction	CO
Rocky Mountain Regional VA Medical Center	Aurora	CO
Washington VA Medical Center	Washington	DC
C.W. Bill Young VA Medical Center	Bay Pines	FL
Bruce W. Carter VA Medical Center	Miami	FL
West Palm Beach VA Medical Center	West Palm Beach	FL
Malcom Randall VA Medical Center	Gainesville	FL
James A. Haley Veterans' Hospital	Tampa	FL
Orlando VA Medical Center	Orlando	FL
Charlie Norwood VA Medical Center	Augusta	GA
Atlanta VA Medical Center	Decatur	GA
Spark M. Matsunaga VA Medical Center	Honolulu	HI
Des Moines VA Medical Center	Des Moines	IA
Iowa City VA Medical Center	Iowa City	IA
Boise VA Medical Center	Boise	ID
Danville VA Medical Center	Danville	IL
Marion VA Medical Center	Marion	IL
Captain James A. Lovell Federal Health Care Center	North Chicago	IL
Edward Hines Junior Hospital	Hines	IL

Facility Name	City	State
Richard L. Roudebush VA Medical Center	Indianapolis	IN
Colmery-O'Neil VA Medical Center	Topeka	KS
Robert J. Dole VA Medical and Regional Office Center	Wichita	KS
Franklin R. Sousley Campus	Lexington	KY
Robley Rex VA Medical Center	Louisville	KY
Edward P. Boland VA Medical Center	Leeds	MA
Togus VA Medical Center	Augusta	ME
Aleda E. Lutz VA Medical Center	Saginaw	MI
John D. Dingell VA Medical Center	Detroit	MI
St. Cloud VA Medical Center	St. Cloud	MN
Minneapolis VA Medical Center	Minneapolis	MN
Kansas City VA Medical Center	Kansas City	MO
John Cochran Veterans Hospital	St. Louis	MO
Biloxi VA Medical Center	Biloxi	MS
Fort Harrison VA Medical Center	Fort Harrison	MT
Durham VA Medical Center	Durham	NC
Fargo VA Medical Center	Fargo	ND
Raymond G. Murphy VA Medical Center	Albuquerque	NM
Ioannis A. Lougaris VA Medical Center	Reno	NV
North Las Vegas VA Medical Center	North Las Vegas	NV
Bath VA Medical Center	Bath	NY
Syracuse VA Medical Center	Syracuse	NY
Samuel S. Stratton VA Medical Center	Albany	NY
Buffalo VA Medical Center	Buffalo	NY
Manhattan VA Medical Center	New York	NY
Dayton VA Medical Center	Dayton	OH
Louis Stokes Cleveland VA Medical Center	Cleveland	OH
Roseburg VA Medical Center	Roseburg	OR
White City VA Medical Center	White City	OR
Abie Abraham VA Clinic	Butler	PA
Coatesville VA Medical Center	Coatesville	PA
Erie VA Medical Center	Erie	PA
Wilkes-Barre VA Medical Center	Wilkes-Barre	PA
Lebanon VA Medical Center	Lebanon	PA

Facility Name	City	State
Wm. Jennings Bryan Dorn VA Medical Center	Columbia	SC
Memphis VA Medical Center	Memphis	TN
George H. O'Brien, Jr., Department of Veterans Affairs Medical Center	Big Spring	TX
Thomas E. Creek VA Medical Center	Amarillo	TX
El Paso VA Clinic	El Paso	TX
Michael E. DeBakey VA Medical Center	Houston	TX
Audie L. Murphy Memorial Veterans' Hospital	San Antonio	TX
Olin E. Teague Veterans' Center	Temple	TX
Hunter Holmes McGuire Hospital	Richmond	VA
White River Junction VA Medical Center	White River Junction	VT
Mann-Grandstaff VA Medical Center	Spokane	WA
Jonathan M. Wainwright Memorial VA Medical Center	Walla Walla	WA
Seattle VA Medical Center	Seattle	WA
William S. Middleton Memorial Veterans' Hospital	Madison	WI
Clement J. Zablocki VA Medical Center	Milwaukee	WI
Beckley VA Medical Center	Beckley	WV
Louis A. Johnson VA Medical Center	Clarksburg	WV
Hershel "Woody" Williams VA Medical Center	Huntington	WV
Cheyenne VA Medical Center	Cheyenne	WY
Sheridan VA Medical Center	Sheridan	WY

Source: VA OIG Survey site selections.

Appendix E: Under Secretary for Health Memorandum

Department of Veterans Affairs Memorandum

Date: April 26, 2022

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

Subj: OIG Draft Report, Veterans Health Administration Needs to Do More to Promote Emotional Well-Being Supports Amid the COVID-19 Pandemic (2021-00533-HI-1127) (VIEWS # 7344650)

To: Assistant Inspector General of Healthcare Inspections (54)

1. Thank you for the opportunity to review and comment on the Office of Inspector General (OIG) draft report VHA Needs to Do More to Promote Emotional Well-Being Supports Amid the COVID-19 Pandemic. The Veterans Health Administration (VHA) concurs with the recommendation and provides an action plan and technical comments in the attachment.

2. Employee Whole Health (EWH) within the Office of Patient Centered Care & Cultural Transformation (OPCC&CT or Patient Centered Care) initiated a Chief Employee Well-being Officer (CWO) Pilot in fiscal year 2022 to inform the longer-term CWO strategy. This effort will address employee burnout and resilience by looking at systemic/organizational drivers. The CWO Leadership role supports three primary focus areas, which are: 1) Leadership cultivation to support well-being, 2) Practice efficiency, and 3) Resilience. EWH collaborates with field staff through a Community of Practice, supports strategic and operational planning, provides education/training for the CWO role, and conducts burnout evaluations in partnership with the National Center for Organization Development. Currently, eight VA medical centers and two Veterans Integrated Service Networks (VISN) are participating in the CWO pilot.

3. In response to VHA's Transforming Healthcare Lane of Effort for VHA Modernization, Patient Centered Care designated three important infrastructure metrics to support the health and well-being of employees. By September 2021, VHA had markedly improved staff awareness and access to the Whole Health 102 program, which provides a 4-hour experience in whole health activities and instruction on how to improve personal health and well-being. The majority of VISN's have established an EWH designated point-of-contact or coordinator.

4. VHA appreciates OIG's insight and overview of VHA's specialized programs that were developed and deployed in response to the unique psychological challenges created by the COVID-19 pandemic for VHA's staff.

5. Comments regarding the contents of this memorandum may be directed to the GAO OIG Accountability Liaison Office at VHA10BGOALACTION@va.gov.

Steven L. Lieberman, M.D.
Office of the Under Secretary for Health

OIG Addendum to the Under Secretary for Health Memo

During VHA's review of an OIG draft report, it is usual practice for VHA to submit comments that may disclose information that could change OIG findings in the final report.⁷⁸ For this report, VHA provided the OIG comments referenced in the Under Secretary for Health memo during the draft review phase. The OIG considered and reviewed the comments. Based on the review, no changes were made to OIG findings in the report.

⁷⁸ VA OIG GM Directive 308, *Comments to Draft Reports*, April 10, 2014, amended April 24, 2019.

Under Secretary for Health Response

Recommendation 1

The Under Secretary for Health reviews the processes by which COVID-19 emotional well-being resources were developed and disseminated and takes action as needed to increase and ensure Veterans Integrated Service Network and facility leadership as well as facility staff's awareness of available resources about the potential risks and signs of burnout.

VHA Comments: Concur.

VHA National Center for Organization Development (NCOD) offers programs and services to VA leaders at all levels to help them create a highly engaged workforce where employees want to work. NCOD is committed to ensuring that VHA staff at all levels are aware of available resources. Since the start of the pandemic in March of 2020, Employee Whole Health (EWH), part of the Office of Patient Centered Care & Cultural Transformation (OPCC/CT or Patient Centered Care), has steadily worked with other VHA program offices to increase the emotional well-being resources available to employees. VHA's modernization efforts in Fiscal Year 2021 included specific goals to increase Employee Whole Health Coordinators and multi-disciplinary employee well-being committees at every VHA medical facility as well as improved access to Whole Health Self-Care Experiences. These tactics supported increased dissemination of well-being resources to front-line staff. While initial efforts focused on rapid dissemination of support resources through an employee well-being website containing links to articles, podcasts, videos, and other resources for physical and emotional self-care, more recent efforts have focused on conceptualizing and operationalizing more robust, ongoing support for employees anticipating the increased demand for these initiatives and services in the post-pandemic era. These efforts were focused primarily on supporting individual resilience of employees.

The VHA recognized in the second half of FY21 that there needed to be a more strategic approach to supporting employees that addressed not just the employee well-being factors connected with burnout, but also the organizational design factors that are major contributors to burnout as well. Specifically, as noted in the OIG report, in response to the VHA COVID-19 Response Reports, the VHA stood up the Reducing Employee Burnout and Optimizing Organizational Thriving (REBOOT) Taskforce in November 2021 as a comprehensive strategy with metrics and actions to monitor and mitigate stress on the healthcare workforce, facilitate well-being, and enhance retention. The REBOOT Taskforce is comprised of Central Office, VISN, and medical center-level leaders and staff to ensure broad input and diversity of thought.

The VHA knows that burnout is an imperative organizational issue and is committed to implementing actions to address system stressors that contribute to burnout as well as promoting initiatives that foster joy and wellbeing in the workplace. The REBOOT Taskforce is leveraging organization insights from multiple sources, including the June 2021 All-Employee Survey

(AES) and direct feedback from hundreds of employees to understand the drivers of burnout and develop recommendations to address system issues and promote the well-being of VHA's workforce. The REBOOT Taskforce is currently in the process of vetting multiple recommendations with staff and leaders throughout VHA through several feedback sessions organized by VISN Consortia. These recommendations will be honed further, and a final set will be presented to the VHA Governance Board in May 2022 to determine which shall be implemented as national efforts. Those recommendations that are not taken up for national implementation will be made available through an easily accessible platform as best practice resources for local sites to implement if they desire. Governance Board discussions will also include how best to embed these national implementation and resource hub efforts into the existing governance structure to ensure appropriate coordination and oversight. The long-term goal of the REBOOT Taskforce is to institutionalize and sustain practices that ensure continuous improvement and a long-term focus on employee well-being.

The primary action in response to the OIG's recommendation above is to complete the work of the REBOOT Taskforce and finalize the plan for national implementation and resource hub efforts. Implementation efforts will be ongoing from there.

Target date for completion: December 2022

Glossary

To go back, press “alt” and “left arrow” keys.

anxiety. A temporary worry or fear prompted by typical life activities. Anxiety that is excessive or interferes with daily living is indicative of an anxiety disorder.⁷⁹

burnout. Physical, emotional, or motivational exhaustion “as a result of prolonged stress or frustration.”⁸⁰

depression. A mood disorder that causes symptoms affecting a person’s thought processes, feelings, sleep, and ability to participate in activities.⁸¹

personal protective equipment. Equipment, also known as “PPE,” worn to reduce exposure to workplace hazards including chemical, physical, or mechanical, that may cause workplace-related injuries or illnesses.⁸²

posttraumatic stress disorder. A mental health disorder, also known as PTSD, that may occur after a person experiences a deeply shocking or frightening event. Symptoms include changes in mood and thought processes, re-experiencing (like flashbacks), and avoidance of potential triggers.⁸³

⁷⁹ National Institute of Mental Health, “Anxiety Disorders,” accessed January 5, 2021, <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml?rf=32471>.

⁸⁰ Merriam-Webster.com Dictionary, “burnout,” accessed January 7, 2022, <https://www.merriam-webster.com/dictionary/burnout>.

⁸¹ National Institute of Mental Health, “Depression,” accessed January 5, 2021, <https://www.nimh.nih.gov/health/topics/depression/index.shtml>.

⁸² Occupational Safety and Health Administration, “Personal Protective Equipment,” accessed January 5, 2021, <https://www.osha.gov/SLTC/personalprotectiveequipment/>.

⁸³ National Institute of Mental Health, “Post-Traumatic Stress Disorder,” accessed January 5, 2021, <https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>.

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