

Date: July 27, 2022

From: Under Secretary for Health (10)

Subj: Department of Veterans Affairs (VA) Medical Facilities Environment of Care Standards and Inspections Report (VIEWS 5361433)

To: Secretary (00)

1. The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116-315) encompasses broad areas of Veteran care and well-being. Pursuant to P.L. 116-315, section 5103 (attached), each VA medical center (VAMC) must submit a report on their compliance with Environment of Care standards to the Secretary and make the report publicly available. This memorandum will serve as the public-facing report.

2. Veterans Health Administration (VHA) Directive 1608, Comprehensive Environment of Care (CEOC) Program, dated June 21, 2021 (attached), paragraph 6.e. requires CEOC Rounds team members to use the standardized questions and survey criteria identified in the CEOC Rounding Assessment and Compliance Tool. Additionally, the Directive requires patient-care areas to be inspected at least twice each fiscal year and non-patient-care areas to be inspected at least once each fiscal year. The size of the VAMC; number of patient-care units; and number of buildings at a VAMC will drive the number of inspections required to be conducted each year. Larger VAMCs will require more inspections each year than a smaller VAMC. As of September 1, 2021, all VHA medical facilities are using the survey questions and inspection criteria. During fiscal year (FY) 2021, VHA medical facilities completed 11,131 inspections.

3. VHA's internal CEOC performance metric requires 90% of a medical facility's deficiencies to be corrected or addressed with a documented plan for action within 14 business days of inspection. During FY 2021, the majority of VHA facilities exceeded this performance metric, with an overall average rate of 91.9% corrected within 14 business days. After 60-business days from inspection, the correction rate improved to 98.3%. The closure of a corrective action plan is sometimes complicated by VHA's aged infrastructure, and operational challenges due to the Coronavirus Disease 2019 pandemic restrictions made it difficult for some facilities to meet this performance metric. Medical facility data are attached to this report.

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4. Remediation projects in the plans for action are dependent upon complexity of the required corrective action and available funding. Each facility prioritizes remediation efforts to ensure the most critical safety deficiencies are corrected as soon as possible. If a remediation project requires capital construction funding, the facility submits a project to the VA Strategic Capital Investment Plan (SCIP). During the SCIP review process, projects are prioritized based on need. VHA monitors priority needs as part of the Facility Condition Assessment if maintenance is deferred due to lack of funding availability.

5. Being a High Reliability Organization, VHA is committed to transparency as we ensure a safe and clean environment to deliver exceptional health care for America's Veterans.

A handwritten signature in black ink, appearing to read 'Shereef Elnahal', is written over a light gray rectangular background.

Shereef Elnahal, M.D., MBA
Under Secretary for Health

Attachments