

Veterans Health Administration
Moving Forward Plan:
Safe Care is Our Mission



VA

U.S. Department
of Veterans Affairs

**Veterans Health Administration
Moving Forward Plan**

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Veterans Health Administration Moving Forward Plan April 30, 2020

In accordance with the *White House Guidelines for Opening Up America Again*, the Veterans Health Administration (VHA) will use the following approach for addressing continued engagement of safe access to care for both VA direct services and community care services. This plan applies to general/elective surgery, other procedural cases and inpatient and outpatient services. This plan will provide standardized guidelines which can be tailored to individual Veterans Integrated Service Networks (VISN) and VA Medical Centers (VAMC), in consideration of Federal, state and local guidance, and is interoperable with other formal guidance provided by VA.

Key Principles

- As a High Reliability Organization (HRO), the safety of Veterans¹ and staff is, and must be, the highest priority when considering the provision of health care services, items and procedures during the COVID-19 pandemic. Before any clinical care is delivered, safe infrastructure and support must be in place.
- VA will adhere to Centers for Disease Control and Prevention (CDC), and relevant federal, state and local public health guidance and recommendations; the safety of our Veterans and staff members is paramount and part of VHA's culture.
- Facilities must develop a process for Veterans and staff to be screened for COVID-19 symptoms and fever. If symptomatic, testing is offered by VA.
- Symptomatic staff will be triaged by occupational health or designated staff.
- If appropriate, appointments/procedures will be postponed for symptomatic patients to mitigate risks.
- Virtual care modalities should be provided as clinically appropriate. Virtual care should be expanded to include clinical care for all patients, unless it is required that care be performed face-to-face.
- Under these conditions, facilities should work to continually expand their capacity to provide medically appropriate care that reduces risk of COVID-19 transmission to Veterans and staff.
- Procedures and surgeries will be prioritized in accordance with state, local and professional society guidance, as they have been put on hold like in other health systems.
- Decisions on which time-sensitive care to further deliver is a local decision and based on clinician determination of risk.
- Medically indicated surgical, medical or dental treatments or procedures at a VA facility should be based on patient preference, as well as the professional

¹ In referencing "Veterans," this document may include, where appropriate, non-Veteran patients receiving VA treatment or services through VA's 4th Mission.

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- judgement and risk assessment of the treating clinician in collaboration with a local multidisciplinary leadership team (e.g., Chief of Staff, Associate Director for Patient Care Services, etc.) that can provide information about resource and infrastructure capacity.
- It is critical that leadership creates an environment that facilitates and encourages staff members to speak up, offer suggestions, innovate and be heard. Every staff member can anticipate risk and be a problem solver as their perspectives and insights help us identify safety concerns and develop solutions.
 - In a Culture of Safety, all providers should follow guidelines for personal protection, physical distancing and environmental cleaning recommendations outlined by CDC and VA guidance to protect their Veterans and staff both during procedures and business operations.
 - All facilities must have a process to inquire about signs/symptoms and/or testing for COVID-19 in any Veteran who undergoes an invasive medical, surgical or dental procedure. This contact will occur within 10-14 days after the procedure, and additional recommendations for testing must be developed for any Veteran who responds affirmatively.
 - Veterans and staff should comply with physical distancing at all times when inside a facility or Community Based Outpatient Clinic (CBOC). Everyone has a role in maintaining a safe environment. Each facility should determine the necessary workflows, patient/staff flow and required equipment, supplies and space needed to support necessary physical distancing.
 - Consider initial ceilings for face-to-face care (for example: increase by 10 or 20%, increase by 25%, etc.) so that each facility can monitor the downstream impact on care needed, personal protective equipment (PPE) utilization and supply chain sustainability. As impacts and utilization are evaluated, a focus on root cause analysis and continuous process improvement must be implemented to ensure the safety of all Veterans and staff.

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Gating Criteria

In alignment with the *White House Guidelines for Opening Up America Again*, VA guidance and federal, state and local guidance (e.g., CDC guidance), the following Gating Criteria shall be used:

Symptoms²	Cases	Medical Facilities
The state or region in which the facility is located has a downward trajectory of influenza-like illnesses reported within a 14-day period	The state or region in which the facility is located has a downward trajectory of documented cases of COVID-19 within a 14-day period	The facility is able to treat all patients within the normal standard of care (i.e., not the crisis standard of care)
AND	OR	AND
A downward trajectory of COVID-like syndromic cases reported within a 14-day period	A downward trajectory of positive COVID-19 tests as a percent of total COVID-19 tests within a 14-day period (flat or increasing volume of tests)	A robust testing program is in place for at-risk healthcare workers, including emerging antibody testing
<i>VISNs and VAMCs may need to tailor application of these criteria to local circumstances (e.g., metropolitan areas that have suffered severe COVID outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild).</i>		

Communications and Outreach

VA has developed a national communications campaign in conjunction with this plan, Moving Forward Together: **Safe** Care is Our Mission. The campaign includes:

- A customizable package featuring products on a deployable timeline (t-minus schedule) for Lead Sites, and then VISNs and VAMCs as they move into the next phase of operations.
- A coordinated approach with program offices, VISN and VAMC Public Affairs teams who will review the plan and products to ensure unified messaging.
- The six essential change management questions for product development, including “What’s in it for me” (WIIFM) messaging and HRO principles and values.

² Sources: [CDC](#); National Surveillance Tool; if market-specific data is unavailable, consider facility Emergency Department Dashboard.

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- Safety is VA's number one priority and how VHA is leading the national recovery phase by ensuring safety principles and guidelines are the foundation of plan.
- Veterans Top Line Messages:
 - We, at VA, are here to ensure we meet your needs in a safe environment. (HRO Value: Support a Safety Culture)
 - VA continues to make your safety a priority. We screen everyone entering our facility for COVID-19 to ensure minimum exposure for Veterans, caregivers and staff. (HRO Principle: Preoccupations with Failure)
 - Please feel free to talk to our staff about our facility screening process and the precautions that we are taking to ensure your safety. (HRO Value: Respect for People)
 - You may be tested for COVID-19 within VA. We may ask you to distance yourself from others while waiting for your results. (HRO Principle: Preoccupations with Failure)
 - Please be sure to inform your VA provider if you receive a COVID-19 diagnostic test outside of VA.
 - Non-VA facilities may not follow the same guidelines that VA is practicing. Feel free to ask your community providers about their safety practices and policies, such as screening, distancing and any other measures they are taking to ensure the safest access to treatment. (HRO Value: Duty to Speak Up)
 - You and your provider will discuss your treatment options and overall health status while COVID-19 safety restrictions still exist. Your VA provider will discuss the risks of undergoing certain treatments or procedures, taking into account your overall health status, risk for complications and urgency of the considered treatment. Your VA provider may recommend that you continue to postpone routine but highest risk procedures, including dental and eye examinations. (HRO Values: It's About the Veterans, Support a Safety Culture, Respect for People, Preoccupation with Failure)
 - If you experience serious and urgent non-COVID-19 concerns (e.g., chest pains), immediately seek medical attention. Safety for all Veterans – including those needing emergency care not related to COVID-19 – is VA's top priority. VA medical facilities are taking every precaution (e.g., 100% mask utilization, physical distancing, etc.) to ensure a safe environment for anyone who enters.
- VA Leadership and Staff Top Line Messages
 - Our facility will expand operations in an environment that is safe for our Veterans and staff. Our goal is to care for the Veterans who have the greatest clinical need while ensuring a safe environment for all involved. To accomplish this goal, we will provide health services, taking into account guidance from various agencies including state and local government. (HRO: Sensitivity to Operations)

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- Even before COVID-19, VHA was committed to High Reliability (HRO) principles. HRO principles teach us to empower and value expertise – and we are all empowered to determine what is needed for our Veterans. You have proven this on many occasions by anticipating risks and solving problems through innovations and engagement that supports our mission and keeps both employees and Veterans safe. We are grateful for your dedication, your talents and your willingness to be creative while performing your duties in this COVID-19 environment. (HRO statement)
- Our dedicated staff has always worked in partnership with our Veterans. Our leadership knows you are committed to continuing VHA’s noble mission of safely caring for Veterans. (HRO Principle: Sensitivity to Operations; HRO Value: Respect for People)
- You have earned the trust of our Veterans, which the latest VA trust scores reflect. To maintain that trust, we will re-introduce areas of healthcare as it is safe to do so, and our facility will join community partners in moving forward. (HRO Principle: Deference to Expertise)

Risk/Benefit-Based Assessment for Expanding Procedural Face-to-Face Services

VHA will incorporate the following framework to integrate clinical and supporting considerations in prioritizing and scheduling non-urgent procedures:

- VA will utilize a risk-based framework³ to prioritize which non-urgent procedures may be scheduled in addition to the urgent procedures currently being performed.
- The risk-based guidance below outlines a framework for prioritizing clinical activities for the safety of the Veteran and considering state and local public health guidance.
- Since patient and disease factors are assessed in this framework, care for members of vulnerable populations will be prioritized.
- Facilities will establish multidisciplinary teams to utilize the framework using the following process:
 - Confirm indication for procedure,
 - Determine urgency of procedure,
 - Assess resource impacts on facility,
 - Confirm resources or define gaps, and
 - Determine location of procedure [in-house, other VA facility, affiliate, agency partner (e.g., Indian Health Service, Defense Health Agency, Federally Qualified Health Center) or community care].

³ It is recommended that VA Office of Research and Development evaluate the usage of the framework for more objective application in the future.

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Category		Factor
Patient Specific	Patient Factors	Age
		Lung Disease
		Other Comorbidities Result in Impact on Patient Outcome
		Obstructive Sleep Apnea
		Cardiovascular Disease/Hypertension
		Diabetes
		Immunocompromised
		Influenza-like symptoms
		Positive/Negative Indication of COVID-19
		Exposure to COVID-19
	Recent Travel	
	Disease Factors	Non-operative Effectiveness
		Non-operative Resource Exposure
		2-wk Delay Disease Outcome Impact
2-wk Delay Surgical Risk Impact		
6-wk Delay Disease Outcome Impact		
6-wk Delay Surgical Risk Impact		
Facility Specific	Staff Safety	Staff Member Health and Risk Profile Associated with Exposure to COVID-19 (low, medium or high risk based on respiratory droplet exposure ⁴)
	Resource Considerations ⁵ Facilities Staffing Equipment Supplies Pharmaceuticals	Volume of pending cases
		Pre-admission resource consumption/readiness (e.g., supplies, radiology, imaging)
		Intra-procedure resource consumption/readiness (e.g., PPE, staffing)
		Intra-procedure factors (e.g., procedure length, estimated stay, Post-Op ICU Need, Anticipated Blood Loss, Surgical Size Team, Intubation Probability, Surgical Site)
		Post-Procedure factors (e.g., PPE, staffing)
		Post-Discharge resource consumption (e.g., radiology, imaging, subacute care, physical therapy)

Site-Specific Phasing to Expand Services

- VA will put in place and ensure safety of the environment and clinical care and then employ lead sites to quickly assess impact of this risk-based approach and adjust as necessary through regular reassessment.
 - Charter cross-service prioritization work groups to perform advance planning on management of Veterans through pre-admission, procedure, post-procedure and post-discharge resource (e.g., support services, PPE, workforce) consumption.

⁴ Low risk (minimal risk to respiratory droplet exposure), e.g., lower extremities (podiatry, ortho, physical therapy, prosthesis), primary care and mental health (caution when prolonged exposure, limit of guests/traffic), women’s health procedures, OR procedures; Medium risk, e.g., mammogram (technician proximity), colonoscopy (20% shed in mucosal lining), audiology fitting, optometry/ophthalmology; High risk, e.g.oral cavity with exposure to respiratory droplets (dental, ENT), Domiciliary Residential Rehabilitation Treatment Program (DOM/RRTP) and other group therapy (due to volume of exposure, communal activity, lack of physical distancing, back-and-forth usage), Upper GI, ERCP, bronchoscopy, EUS

⁵ Includes required support services – required to be in place regardless of nature of care being provided – regular cleaning and disinfecting of physical space (e.g. Audiology testing booth), SPS services, PPE supply chain, Staff testing, transitions of care post-procedure.

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- Identify priorities to achieving face-to-face workload target at the facility-level of at least a 25% increase of current state procedures over the past four weeks.
- Analyze both pre-COVID and current volumes to determine demand and remodel modalities used to provide safe care.
- Model PPE burn-rate for forecasted workload to include pre-admission, intra-procedure, post-procedure and post-discharge processes, considering local forecasted demands due to external health system demand.
- Maintain 30% active bed capacity and other resources (e.g., support services, PPE, workforce) and ensure VISN surge plans are updated based on COVID-19 transitioning plans.
- Lead with communications campaigns at facilities to educate Veterans and staff on continued delivery of safe care.
- Decisions to reduce or expand services must be continuously reassessed based on local circumstances. Local processes and guidelines should be revised to reflect these changes.
- Concurrent to Lead Site planning, VISNs will begin to establish strategies to expand services for each VAMC and its corresponding clinic services.
 - VISNs should follow the same approach as Lead Sites, analyzing incremental ceilings for increased face-to-face care (for example: increase by 10 or 20%, increase by 25%, etc.) so that each facility can monitor the downstream impact on safety and resources.
 - VISNs should incorporate guidance from Central Office based on learning from Lead Sites' planning.

Key Considerations When Determining When, Where and How Care Will Be Delivered

Virtual Care:

- VA will prioritize virtual modalities for delivery of primary care and mental health services.
- Optimize and prioritize virtual modalities of delivery for specialty care and surgical services when clinically appropriate:
 - Pre-op conversations
 - Post discharge appointments and care
 - Follow-up appointments
- Provide guidance, communications and education to Veterans on remote care/appointments. Educate Veterans and help dispel the myth that virtual care does not work and instead focus on the positive aspects.

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VA Direct Care - VA Medical Center/Community Based Outpatient Clinic:

- Take universal precautions and implement 100% mask utilization and handwashing soon after entry into the healthcare system for employees, Veterans, their family/caregivers, vendors and any other visitor.
 - 100% mask utilization is in alignment with Joint Commission and CDC guidance.
 - Continuously evaluate PPE and materiel burn rates and ability of local and national sources of supply to sustain operations.
 - Customize burn rates based on types of PPE being used in each facility (e.g., face shields, face masks, gowns, etc.).
 - Conduct simulations on supply need.
 - Establish feedback loop based on PPE. If supply levels are low, limit non-urgent/non-emergent procedures until supply levels have increased and stabilize.
 - Continue to limit non-patient visitors until further guidance is provided.
 - Consider four zones of inpatient beds where possible and maintain surge capacity: Surgery (including surgery step down), non-COVID medicine ward, COVID positive isolation ward and ICU.
 - Identify opportunities to improve wellness and social interaction, in keeping with physical distancing, either through new or existing virtual programs and advertise to Veterans.
 - Consider external partnerships, including Veterans Service Organizations, for further engagement.
 - Continuously evaluate and improve on processes and procedures to ensure staff and Veteran safety.
- Remodeling the environment of care and patient flows to establish a Veteran-centric care delivery model is a priority for expanding care to Veterans.
 - VHA Healthcare Environment and Facilities Programs (HEFP) are establishing guidance for VA medical centers and CBOCs.
 - For each service and location, the facility/site should plan and respond to changes in the frequency and demand for support services, such as:
 - Cleaning/Housekeeping/Decontamination/Sterilization
 - Modifications required (per local, State and VA requirements) to reduce disease transmission and spread:
 - Patient Care Rooms
 - Procedure Rooms
 - Business Operations/Check-in
 - Waiting Room Areas
 - Triage Areas at Clinics
 - Parking areas
 - Restroom Areas
 - Need for negative pressure rooms
 - Make risk-based decisions and communicate with local communities when assessing PPE and cleaning needs for drivers and Veterans using Transportation Services.

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- Veterans Transportation Service/Disabled American Veterans-government owned or leased vehicles
- Contracted services
- Remote Service (exterior to building w/clinic)
 - Conduct path modeling to ensure safe physical distancing throughout patient flow.
 - Screening at entrances and pathways dependent on screening results, with appropriate triaging
 - Handwashing stations (including location signage)
 - Limited waiting areas for group activities and encouragement of returning to cars or areas conducive to physical distancing requirement
 - Paperwork drop off
 - Pre-identified exam rooms
 - Concierge approach of providers meeting a Veteran in the exam room, instead of a Veteran moving around facility to receive different services, in order to streamline treatment and minimize exposure
 - Physical distance reminders (plexiglass; floor markings; removing chairs for spacing; waiting processes for pharmacy, lab and diagnostic imaging; signage)
 - Grab and go options for Canteen Services
 - Operationalize “drive thru” clinics when feasible and safe for Veterans and staff (e.g., pharmacy, testing and laboratory, etc.).
 - Temporary Shelter/Tent-Concierge Team approach:
 - Pharmacy
 - Lab
 - Other
- Determine longer-term needs/complex actions. Changes/additions that may require more complex facility infrastructure changes, such as changes to HVAC systems, furniture improvements/additions, partitions, plexiglass/sneeze shields, build-outs (temporary or permanent) to accommodate increased social distancing requirements.
 - Testing
 - Diagnostic
 - Rapid testing to be available at all VAMC to expedite diagnosis and conserve PPE.
 - Create a clinical assessment prioritization of needs for rapid testing.
 - Apply testing availability to the priority list.
 - Additional guidance will be provided by Integrated Clinical Communities (ICC) as details, testing availability and needs evolve.
 - Perform rapid testing day of procedure, when possible.

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- Hub/Spoke testing model available to provide 48-hour turn around service for non-emergent tests (e.g., general surveillance) and for testing volume above rapid test capabilities.
- Antibody tests
 - Availability of several testing platforms in place at VAMCs.
 - IgM testing will be available after IgG and total antibody tests are characterized and validated.
 - VA will conduct validation work as part of the Food and Drug Administration Emergency Use Authorization to characterize antibody development in relationship to active disease.
 - Messaging to clarify difference between VA testing protocols and state protocols.
 - Polices under consideration:
 - Implementation of universal testing of Veterans and staff.
 - Screening and testing for COVID-19 of Veterans prior to initiation of specific procedures
 - Surveillance of staff and Veterans for COVID-19 disease.
 - Guidance on providing non-emergent care (VA and community) to Veterans with active COVID-19 infection.
 - Guidance on personal protective equipment for employees and Veterans.

Community Care:

- Implement community care eligibility determination per the MISSION Act and its associated policies and procedures.
- Continue to work with third party administrators to assess availability of community providers and, if available, safety precautions being utilized.
- Communicate with local community providers regarding VA policies and procedures and local expansion plans in order to assure necessary wrap-around and support services are available.
- Communicate with Veterans regarding expectations of referral requests as local guidance and surge needs for non-emergent care may change availability and wait times over time.
- Empower Veterans to identify and expect safe practices in community settings, with VA as a model (e.g. screening expectations, mask utilization, environmental physical distance promotion).

Care Coordination:

- VA is committed to providing the safest and highest quality care to Veterans whether they are receiving their care within VA or in the community. VA will continue to incorporate Referral Coordination Teams to advise Veterans using shared and informed decision making when discussing all care options.
- For those Veterans referred to community care, VA will continue to offer a choice of providers who can meet their healthcare needs.

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- To maintain Veteran-centric care and allow them to be active participants in their own care delivery, VA will promote the preferred option of Veteran self-scheduling with community providers.
- For those Veterans who request that VA arrange their community care appointments, VA will work to streamline communication and handoffs with community care staff members.
- Veterans will be empowered to work directly with the community providers at their own pace, with VA at their side working to retrieve medical documentation and other needs to assure continuity of quality care between VA and our non-VA community partners.
- VA will be the integrator and coordinator of care while addressing Veteran concerns about having more control in the scheduling process.

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Clinical Consult/Referral Prioritization

- Ensure appropriate support services/capabilities are in place before expanding care.
- Each Integrated Clinical Community (ICC) has developed draft plans to give guidance on prioritizing active consults/referrals.
- ICCs are part of VISN-level governing bodies. Collaboration and learning among VISNs and their ICCs can ensure strong practice sharing.
- VISN level ICCs can use this guidance and align based on local facility needs.

Specialty Area	Guidance Provided
Anesthesia	Three phased plan for expanding service
Cardiology	Cardiac Electrophysiologic (EP) Procedures, Diagnostic and Interventional Invasive Procedures, Outpatient Clinics
Dental	Four phased approach – acute, disease control, definitive treatment, maintenance therapy
Diabetes/ Endocrinology	General Outpatient Consult Prioritization
Gastroenterology	Prioritization of Endoscopy Consults (Specifics for Priority 1-4)
Hematology/Oncology	Outpatient consult prioritization (Specifics for priority 1-4)
Infectious Disease	Outpatient consult prioritization (Specifics for priority 1-4)
Hepatitis C and Liver Disease	Outpatient consult prioritization (Specifics for priority 1-4)
HIV	Outpatient consult prioritization (Specifics for priority 1-4)
Mental Health	General principles to consider when expanding care
Neurology	Outpatient consult prioritization (Specifics for priority 1-4)
Ophthalmology	Outpatient consult prioritization (Specifics for priority 1-4)
Optometry	Outpatient consult prioritization (Specifics for priority 1-4)
Physical Medicine and Rehab	Outpatient consult prioritization (Specifics for priority 1-4)
Podiatry	Outpatient consult prioritization (Specifics for priority 1-4)
Primary Care	TBD
Pulmonary	Outpatient consult prioritization (Specifics for priority 1-4)
Pain Management	Outpatient consult prioritization (Specifics for priority 1-4)
Radiology	Interim guidance for management and clinical review of orders placed on hold
Surgery	Three phased plan for expanding elective procedures

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Human Resources: Changes in Staffing and Training Needs

Volunteer Staff and Transition from COVID-19 Response Roles

- Staff returning from volunteer deployments (intra- or inter-VISN or 4th Mission) or direct patient care positions may self-quarantine for 14 days after returning to their home station. This time should be considered in facility staffing requirements and planning for return of staff, as well as overall staff wellness and employee health approaches.
- Hiring
 - Hiring for non-COVID-related roles may continue.
 - Temporary details resulting in a promotion can be done noncompetitively for up to 120 days. Temporary promotions for longer than 120 days must be competed. This does not apply to lateral details. VISNs and facilities should monitor waivers (e.g. pre-employment drug testing) to ensure timely completion.
 - VISNs should continue to monitor and address staff turnover and retirement. Hiring should support predicted needs and future staff losses (taking into consideration expected COVID-19 waves, surge in routine care, rehab, etc.).
 - VISNs and facilities should consider local market conditions in tailoring hiring approaches, including private industry healthcare workers out of business due to COVID-19 response.
- Balancing Staff Workload
 - VISNs may consider multiple options to balance surges or workload demands, including:
 - Expedited Temporary Hiring of Staff
 - Travel Nurse Corps deployments
 - Surgical Care Affiliates Nurses and technicians
 - Disaster Emergency Medical Personnel System assignments
 - Intra- and inter-VISN staff sharing
 - Surge Staffing Models (model 2 and 3), which advise on training up additional staff to augment ICU staff based on individual considerations (e.g., Veteran population, staff experience, layout of facility)
 - Telework: VISNs and facilities have discretion on their approach for maintaining or revising facility telework policies. Due to COVID-19 stay-at-home orders, dependent care or illness, telework approaches should be continually reassessed.
- Training
 - To continue to support ongoing COVID-19 care, VA will leverage clinical up-training for nurses and physicians to augment COVID-19 patient care.
 - Each facility should evaluate their unique circumstances to determine the types and manner of training needed. Virtual training via VA Talent Management System and other modalities will continue to be available to staff.

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Information Technology: Continued Expansion for Virtual Care Modalities

- VA seeks to sustain current expanded capabilities in primary care and mental health, while leveraging momentum to further develop video capabilities and innovations in Tele Critical Care and specialty care for appropriate clinical care delivery.
- Telehealth provides increased access to care regardless of geographic areas and promotes physical distancing. As a modality, it should be incorporated as fully as possible into VA's plan to provide expanded care.

VHA Enterprise Monitoring and Reporting

- VA's Healthcare Operations Center will be the centralized hub for VA's Common Operating Picture of COVID-19 operations, leading enterprise monitoring and reporting in coordination with VISN Directors.
- VA will establish centralized reporting and monitoring tools and common data sources and definitions for enterprise, regional and local reporting.
- VA-National Surveillance Tool (VA-NST):
 - Refine and use a single, authoritative VA data source for outbreaks, to provide a common denominator for all reporting and metrics during the course of an event.
 - Harmonize data from critical sources for Veteran information, system capacity, staffing and inventory, to serve multiple reporting and monitoring needs, from patient-level status to system-level readiness.
 - Provide a national surveillance summary, capturing relevant information for Strategic, Operational and Tactical response to an outbreak.
- Key measure categories will include:
 - COVID-19 Case Growth
 - Clinic Capacity
 - Bed Capacity
 - Equipment and Supplies
 - Workforce
 - Testing
 - Outpatient Operational Metrics

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VHA Bed Expansion-Space Toolkit:
<https://r03cleapp06.r03.med.va.gov/hub2/covid19/>.

VHA COVID-19 Surge Staffing Models:
<https://dvagov.sharepoint.com/sites/VHAWMC/COVID19/ClinicalHR/Forms/AllItems.aspx> (under Attachments).

VHA Healthcare Environment and Facilities Programs (HEFP) COVID-19 Portal:
<https://vaww.vha.vaco.portal.va.gov/sites/DUSHOM/10NA/10NA5/HealthcareEngineering/Pages/COVID-19.aspx>.

VHA Integrated Clinic Communities Prioritization Guidance:
<https://dvagov.sharepoint.com/sites/VHAOHT/SP-Directory/COVID-19%20Response%20Team/PPFP/Forms/AllItems.aspx?RootFolder=%2Fsites%2FVHAOHT%2FSP%2DDirectory%2FCOVID%2D19%20Response%20Team%2FPFP%2FIC&FolderCTID=0x012000DE35EFB4B3BDAB46956B4A13D1B8171B&View=%7B6F99568B%2DAACA%2D48A6%2D8E2B%2D8310EC31C33B%7D>.

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