NOVA COVID-19 Survey #4 Summary (January-February 2021)

NOVA members were sent another survey regarding COVID-19 as the vaccination process was begin to roll-out. The questions were similar to the other surveys taken in March, May and September 2020.

Percentages are listed below the questions, followed by some of the common comments.

It should be noted that the sample size for this survey was @119 – slightly smaller than survey #1 and #2, but larger than survey #3.

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Q1 - How has the vaccination process been rolled out at your VA, what is the staff’s perception of taking the vaccine, how many staff have received the vaccine?

The positive responses far outweighed the negative with a lot of nurses reporting high percentages of healthcare professionals receiving vaccine. (Note: most of the responses listed here were submitted in February).

They have done a great job and have been highly organized with the rollout.

Vaccine process was organized & stood up in a very short period of time; all but one of the staff on my unit got the vaccine.

All Staff who wanted vaccine could receive.

Very effective, not sure the total numbers but, on the unit, I work we have 87% staff vaccinated. Only those that opted not to receive the Vaccine did not get it.

The vaccine clinic for employees has been running very well. Staff are a little skeptical about taking the vaccine.

Very Good. At first some staffs were afraid to take it. But now seeing some coworkers taking it. With good outcomes helped others decide to take it.

Vaccine roll out has gone well, about 65% of staff vaccinated, those who wanted the vaccine have received it.

Excellent perception from staff. Approx. 80% received.

Q2 - Do you feel PPE supplies are adequate at this point during the pandemic?

A resounding 78% said PPE is adequate. Some of the comments listed quality as an issue, Supplies of N95 still seem to be an issue and several nurses said that PPE needs constant monitoring. Many still reusing supplies. Also, gloves supplies seem to be an issue, and, in some cases, sizes are not made available.

Q3 - Do you feel staffing is adequate?

This received a 50/50 split (49.5%v said Yes, and 40.6% said No)

Some of the comments included “Staff are being shifted around; often short in the area where they are moved from, and others said “we had adequate staff until some got COVID. Now the staff has been pulled to other areas of hospital to work. The surge has created shortages in key areas of the facility. Staff is Adequate on
COVID floors but not on non-COVID floors and others said that there are still issues with onboarding for outside hires and that the issue is not hiring but onboarding delays and consolidation/centralization of HR.

**Q4 - Is testing adequate? Do you believe your facility is properly handling staff who have been exposed or tested positive to COVID-19?**

The testing question received a 70% Yes, with 24.3% answering No.

Testing seems to have steadily improved – in the second and third surveys 38% and 59% of respondents said testing was adequate. Survey comments this time included that testing is being done expeditiously; however, not all staff who have requested to be tested, detailed on the covid unit, have been provided one. Others responded that there needs to be more clarity when exposed, and rules change constantly. Several noted that testing has improved, mainly the response time for results since so many positive cases have no symptoms. SCI nurses are tested twice a week,

**Q5 - Is communication between clinical staff, leadership, and Veterans sufficient?**

59% of respondents said Yes, with 33% saying No.

Comments included: There could always be more communication. Leadership working hard still noticeably absent where patient care happens. Communication about how we are administering to Veterans has been disorganized and keeps changing. There is no clear plan. They are trying to be transparent & timely, but things just change too fast. Veterans need a forum with accurate timely information. Care and communication have suffered greatly due to clinical and non-clinical staff working remotely. COVID-19 numbers of staff and patients are shared regularly. Some noted that clinical staff and leadership, are trying to communicate with town hall meetings.

**We also provided a final section allowing any concerns or comments to be shared- below are a few that stood out:**

Desperately need more nurses for mass vaccination, have been requesting contract nurses. We need to reach out to those who have felt ill-used when detailed so to better understand how to improve-. After action meetings essential to digest what we have been through and to prepare for the next wave.

I feel there has been a lot of great transparency and leadership at my facility.

We have only vaccinated 50 high risk elderly Veterans so far at a CBOC that serves nearly 7,000 Veterans per year. Let's Move!!

Why doesn’t congress allow VA to immunize care givers & spouses it would be so efficient & effective!

Poor communication to vets. Expecting staff and vets to travel over 1 1/2 hours to get vaccine.

Veterans getting the quality care in spite of covid. Placements from inside to outside facilities and surge capacity in the hospital and Emergency Department.

Routine testing should have been part of all those who were in contact with COVID patients.

There were also comments about Hazard Pay and treatment of response nurses – no hazard pay or form of sincere appreciation. It is amazing how many accolades are given to upper management regarding their COVID response, and yet poor response on the nurses and other staff that are directly affected by this
pandemic and are directly taking care of these patients. Things have been unfair in determining what staff and departments should/would receive "hazard" or "bonus pay" for working through this pandemic.

*All Survey Questions with computed percentages are attached in a separate document.*