NOVA COVID-19 Survey Summary (April 2020)

NOVA members were sent a survey regarding COVID-19 preparedness. Attached is a summary (via survey monkey data) with percentages for each question. It is worth noting that almost everyone who responded (228 of the 2294 surveyed) added personal comments.*

I have included an overview of the comments here:

Question #2 - *Do you feel your supply of personal protective equipment (PPE) is adequate?* Comments varied from not sure when we are getting more supplies to – nurses being told they don’t need them unless they are working with COVID-19 patients. Others said that they have been told not to wear any masks on the unit as supplies are limited, and several said they are now reusing face shields and have been told that soon that would be the case for N95 masks. Fear is that they will be exposed to the virus and could be putting their Veteran patients, families and others at risk.

Question #3 - *Are you aware of the protocol for the distribution of equipment/supplies in your facility?* Comments included a lack of communication or miscommunication among staff and leadership, several said that some equipment are distributed through different services; controlled by logistics and leadership or must be requested through supply or where not made aware of such protocol. Surgical mask must be signed out, one per shift. Overall, it seems that communication about supplies is everchanging and again creating anxiety about frontline health care safety while being able to take care of patients.

Question #4 - *Is staffing sufficient to handle your Veteran patients and possibly others, should VA activate its 4th Mission?* Most of the comments made were that inadequate staff existed prior to COVID crisis. Several wondered if staff get sick how they will handle outside patients. Others commented about retired nurses taking care of patients at high risk and asking outpatient case managers to help out – are they trained/prepared for these positions? Another said that nurses are being cross trained in areas of unknown competencies and more nurses should be trained in the critical care setting to be able for them to handle patients needing intensive care (COVID). We had one comment regarding SCI units which noted that they have sufficient staff and are prepared.

Question #5 - *Is staff being tested for the virus, and if so, when, and are there enough test kits available for staff and patients?* Not surprising this question garnered a resounding NO (79.6%) with comments that staff are not being tested, even if they have been exposed, to not enough tests for patients let alone for frontline staff. Others said staff are only being tested if exposed and at high risk as there are not enough tests at the facility or within the state. Also, patients are only tested who present with established symptoms and exposures. CDC guidelines are being used and screening is being done at facilities before entering.

Question #6 - *Do you believe your facility is properly handling staff who have been exposed to COVID-19 who are not symptomatic?* Overall, this category included comments that testing is not occurring and communication about exposure and what the protocols are is not being relayed. Poor tracing of contacts if you have symptoms / no testing and another comment suggested that everyone should be tested if there is even a question of exposure, period.
Question #7 - *Is communication between clinical staff, leadership and Veterans sufficient?* Responses of Somewhat Agree to Disagree highlighted the comments with some feeling that communication is adequate and often on overload (email updates) to others who felt they were not told enough by leadership. Several said they have Town Hall meetings and daily huddles with their staff.

Question #8 - *What is your top concern with COVID-19?* This question was provided a comment section only. Comments mirrored early questions with PPE shortages and testing being of the highest concern, also exposure to the virus and exposing others to include patients and family members as well as not having the required trained staff if/when patient levels increase.

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