

# COVID Facility Status - Editor Research

Aligning national content with local operations

# Background & Goals

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# Project Background

COVID Facility Status | July 2022

- May 2022 - VHA's Office of Health Transformation (OHT) introduced 3 levels of standard COVID-19 health protection guidelines
- VAMC editors in Drupal CMS select the current level for their locations (High, Medium, or Low) which then displays national language
- Messaging is managed centrally by the VA.gov Content Team in coordination with OHT and the COVID Communication Task Force
- Some facilities expressed concern that their local policies don't align with the national language. This resulted in some facilities not adopting the new messaging protocol
- July 2022 - We conducted interviews with VAMC editors

## COVID-19 health protection: Levels high ^

- Everyone must wear a mask and practice physical distancing.
- We may screen you for COVID-19 symptoms at the entrance.
- Approved visitors only. Ask your care team who can visit.
- Ask your team about phone or video appointment options.

Check on Mondays for each facility's latest guidelines.

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# COVID Facility Status - Feature Overview


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- Tied to a facility - shows up with that facility in multiple places on VA.gov
  - Find a VA location results
  - Facility page
  - System all locations page
  - System operating status page
- Collapsed by default - Veterans must expand to see language
- Related VAMC product features
  - Facility operating status
  - System operating status - Banner alerts

 **7.1 miles**

[Jesse Brown Department of Veterans Affairs Medical Center](#)

 Limited services and hours

 **COVID-19 health protection:**  
.....  
**Levels high** ▾  
.....

820 South Damen Avenue  
Chicago, IL 60612-3728  
[Get directions on Google Maps](#)

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# Methodology

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# Research Questions

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1. What specific language is working or not working at the facility level? Why?
2. What other COVID messages do PAOs want to convey to Veterans, that are not covered by the national language?
3. How do PAOs decide on additional COVID messages about visitation they want to add to the website?
4. What feedback have Veterans given about the COVID messages on the website?
5. When editors need to convey info about their facilities, how do they choose among facility status, COVID status, system operating status, and banner alerts?

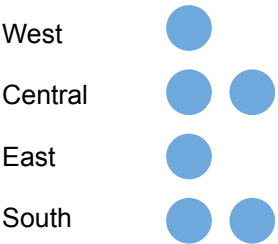
# Research participants: 6 editors

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## Geographic Area Size and Type



## Location



## COVID Facility Status (as of July 20, 2022)

High

Urban: more than 50K people  
L area: more than 100 miles from  
center to furthest facility

# Limitations

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- 5 of the 6 editors we spoke with are relatively new to web editing role (< 1 year)
- Only have experienced High status - Medium and Low were thought experiments
- Limited direct insight into Veterans' experience



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# High Level Findings

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# High-level Findings

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## 1. The masking/distancing, screening and virtual care language generally works.

- “I think it’s fine the way it is. We try to keep it simple.” - P1
- “I understand what you're trying to do. It's hard to make blanket statements even inside of our facility, let alone across the country that apply to every situation.” - P3
- “I haven’t heard any positive or negative feedback about the wording.” - P5
- “[the language] didn’t directly conflict [with our policies], but it didn’t completely align. It left ambiguity.” - P2



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# High-level Findings

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## 2. Because the national language is broader than local policies, there are discrepancies in communication with Veterans.

- "We want it to be consistent across all our channels that we're putting this out on." - P3
- "[The national language] risked creating more confusion. It was a solution to a problem we didn't have." - P2
- "Veterans didn't understand [the new messages] either. They were like 'So how is this different?' Our response was 'It's not.'" - P3



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# High-level Findings

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## 3. Because editors can't customize the COVID language, they add additional details to a variety of other places on their websites

- "[It would be nice to have] the ability to pick and choose [language] that matches this level for your facility" - P4
- "In the banner at the top, I put a message about 'check the operating status for each location' and I put the link there." - P1
- "[Medical grade masks] is the part that we were trying to get on our banner." - P2
- "I guess I could add something on the home page" - P5



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# Facility Operating Status vs. COVID Facility Status

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## **i** Limited services and hours

Due to increasing COVID-19 cases, there is a restricted visitor policy for inpatient visitors at Jesse Brown VAMC. Currently, the only inpatient visitors permitted into the facility are visitors (max 2) for end of life hospitalizations. Outpatient services will remain the same.

## **i** COVID-19 health protection: Levels high ^

- Everyone must wear a mask and practice physical distancing.
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- Ask your team about phone or video appointment options.

Check on Mondays for each facility's latest guidelines.


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# System Operating Status - Banner Alert

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 An official website of the United States government. ▾

Talk to the **Veterans Crisis Line** now >

**VA** Sign in Menu

**i Updated Visitation Guidance | July 18, 2022**

**Visitation Policy:** Effective July 18, 2022, Hines VA will allow up to two visitors per day for a maximum of two hours. Visitors of the Acute Medical Care and Residential Care Facility must be over 14 years for indoor visits. Outdoor visits are allowed for visitors over 10-years-old. Visitation for outpatients and the emergency department have not not changed.

All guests must be screened upon entering and wear a medical-grade facemask while inside the facility. Medical-grade masks are available at all entrances for those in need. Social distancing and hand sanitization throughout the facility is required. Vaccination and outdoor masking are strongly encouraged.

**COVID-19 Vaccines and Boosters:** All Veterans, spouses and caregivers can get a COVID-19 vaccine and booster at VA by appointment or walk-in clinic. [Visit our vaccine information page.](#)

As of August 3, 2022, there were 71 system banner alerts with situation updates related to COVID.

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# Language-specific Findings

# Masking/Distancing

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## National content (as of May 2022)

- High - Everyone must wear a mask and practice physical distancing
- Medium - Everyone must wear a mask
- Low - Everyone must wear a mask

- 5 of the 6 said the language works
- 1 said that a medical-grade mask is required at their facilities
- 1 observed that community acceptance of masks differs from their facility's protocol

"Veterans get upset because in the community, masking has basically gone away for the most part." - P4

"You've combined two of them: everyone must wear a mask and practice physical distancing. We had those as separate items." - P3



# Screening

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- 6 of the 6 said the language does apply
- "May" is the operative word
- 2 facilities allows self-screening at level High
- No concerns about significant confusion for Veterans

"We've gone down from where they stop you at the entrance and ask you all the questions." - P5

"You can self screen at [our facility] even at level High." - P6

[looking at medium and low] "Self-screen by the public? That's not gonna happen." - P2

## National content (as of May 2022)

- High - We may screen you for COVID-19 symptoms at the entrance.
- Medium - Please self-screen. If you've had any COVID-19 symptoms in the past 48 hours, call first unless you need care now. Check CoVID-19 symptoms on the CDC website
- Low - Same as medium

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# Visitors

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- Only 2 of the 6 said the language works
- 1 person is unsure
- 3 people pointed out the way the language creates conflict

## National content (as of May 2022)

- High - Approved visitors only. Ask your care team who can visit
- Medium - Your care partner is welcome (no other visitors)
- Low - Visitors are welcome

“We do allow more than just approved visitors. This is where I wish we could [customize] because different VAs have different policies.” - P4

“We’re hoping there isn't any confusion between what they see on the website which is not the same as what we are allowing at our facilities. If they go to the website and say ‘oh my gosh they’re at high and can only have approved visitors’ – we don't have that restriction.” - P4

“If a veteran needs assistance, a person can come with them if they’re over the age of 16. Small children are not allowed.” - P6

“Visitation is actually more segmented based on what department you’re in” -P3

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# Virtual Care

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## National content (as of May 2022)

- High - Ask your team about phone or video appointment options
- Medium - N/A
- Low - N/A

- 4 of the 6 said language works
- 1 person is unsure
- 1 person pointed out a possible conflict

"We do not currently have that in any of our messaging. So that's actually a pretty good addition that we hadn't thought of." - P3

"We like to encourage virtual care, but it's not 100% because of the high level." - P1

"We have phone and video appointments, but we are full open for face-to-face appointments with our Veterans... I didn't want people to think that all of a sudden, we were closing our doors and they couldn't come in." - P4

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# Conclusion

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# Research Questions - Answered

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1. What specific language is working or not working at the facility level?
  - Masking = 
  - Screening = 
  - Visitors = 
  - Virtual Care = 
2. What other COVID messages do PAOs want to convey to Veterans, that are not covered by the national language?
  - Masking = medical-grade mask required
  - Screening = exact screening location, self-screening options, screening is or is not required (vs. "may be required")
  - Visitors = age restrictions, types of visitors allowed, policies for particular departments or floors
  - Virtual care = clarity that this is in addition to physical visits

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# Research Questions - Answered

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3. How do PAOs decide on additional COVID messages about visitation they want to add to the website?
  - Participants take direction on COVID messages from medical director, public affairs, and other facility leadership.
4. What feedback have Veterans given about the COVID messages on the website?
  - Some reports of questions about discrepancies in old/new policies. One PAO fielded questions via social media. Most participants do not have direct contact with Veterans.
5. When editors need to convey info about their facilities, how do they choose among facility status, COVID status, system operating status, and banner alerts?
  - Approaches vary. Participants choose based on their own perception of what is the most visible. More research is needed.



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# Recommendations

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1. Remove the COVID facility status feature from the VAMC product
  - Use the facility operating status for facility-specific restrictions
  - Provide approved COVID-related messages that editors can customize
2. Research and test solutions with editors before launching initiatives of this scale
3. Do research with Veterans about the how the website prepares them for a visit
  - i.e. “How would you figure out whether you can bring your kid to your visit?”
4. Share research results with editors about how Veterans are using their sites

# Appendix

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# Posters

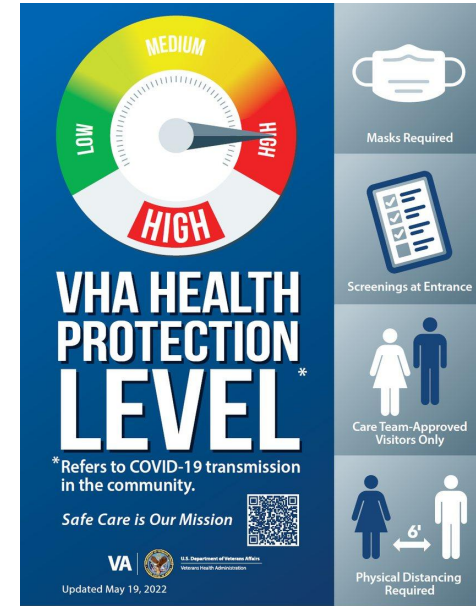
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The COVID level language also appears on physical signage on facility entrances.

The language on the posters matches the national language used for COVID facility status on VA.gov.

One participant noted that Veterans seeing the new signage in their lobby wondered aloud if the facility's COVID protocols had changed. They had not.

"From a communications standpoint, Veterans didn't understand it either. They had no idea. They were like, so how is this different? And our response is, 'it's not.'"



# COVID status messaging Rollout

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- 3 people mentioned friction created by the rollout of COVID status messaging

"It was hard at first to get leadership to give me direction... I don't know if our leadership knew in advance. I got the notices from you guys" - P5

"It felt like a public affairs plan put in place waiting to figure out what the operational friction was going to be." - P2

"Leadership didn't understand what the change was when this came out." - P3



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# Adjacent messaging: COVID vaccines

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All participants used the system alert to link to COVID vaccine information.

- Most of these vaccine pages were updated prior to February 2022
- 1 participant dismissed the alert and did not see this page for several months
- Introduction developed in 2021 written in future tense and may not reflect current operations

## COVID-19 vaccines

The Food and Drug Administration (FDA) has authorized the first COVID-19 vaccine. VA will have a limited amount of this vaccine to start. We've worked with the CDC and other federal partners to develop a phased plan. Our goal is to do the most good for the most people during this time.

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