Behind the Scenes of a Pandemic - Salem VA HCS
A Vets Quarterly Special Edition
Amidst change, the mission remains

So much has changed in the last 18 months, but one thing that has not changed is how proud I am to work at a place where people really matter. Many of the traditions and routines that have been a part of the Salem VA Health Care System fabric for decades needed to be put aside as we dealt with the worst pandemic in a century. Amidst all of the change, the uncertainty, the apprehension, and even the fear, the Team at our Health Care System – the medical center and CBOCs – never lost sight of our mission to care for those who have borne the battle. I looked back to one of the first All Employee messages I sent back on March 6, 2020 when we had not yet received our first COVID-19 Veteran and I wrote: “Should we receive a patient presenting symptoms of COVID-19 we will do what we always do, what we train to do, what we’ve taken an oath to do – we will serve the Veteran with integrity, commitment, advocacy, respect, and excellence.” And this is what everyone did with excellence, perseverance, and true dedication. You showed that you truly care for those who entrust us with their care, our Veterans.

While we are not totally out of the woods yet for the COVID-19 Pandemic, we are able to see the light at the end of the tunnel. When we do come out on the other side, we will emerge different than when we started our pandemic operations. We have learned new ways to provide top-notch health care to our rural Veterans. We have adapted communication methods that allow us to work together efficiently and effectively. We have seen the benefit and strength of being resilient in the face of the unknown, taking on challenges head-on, and showing that we are prepared and equipped to provide outstanding health care no matter the obstacles put in front of us.

To operate any health care system takes a tremendous amount of work. Operating a health care system during a pandemic takes not only work but a team who truly is dedicated to the mission and to each other. I am extraordinarily proud of what we have accomplished together over the last 18 months and am excited about what we will be able to accomplish moving forward. To all the of staff of Salem VA Health Care System – you have my sincere appreciation and I am inspired by each of you daily. You have shown me, and taught me, what it truly means to be human and to (I)CARE.
Early in the pandemic, a new traffic pattern was installed so that everyone entering the Salem VAMC campus could be screened for COVID-19. Initially, staff members worked the gate in shifts. The system was soon replaced by contractors. As of July 2021, the system is still in place.

Signs showing support made their appearance early and are still visible today. According to Kaiser Health News, more than 3,600 health workers in the United States died in the first 12 months of the pandemic. While there were positive cases among the Salem VA HCS, there have been no staff fatalities.

At the beginning of the pandemic, more than 90 employees took part in boot camp to ensure the facility had trained personnel available to meet potential surge requirements. The Resource Pool Boot Camp’s Tyler Crouch helped trained staff from the outpatient and administrative areas to work in an inpatient setting in case the medical center needed to open additional bed spaces for COVID-19 patients. The staff involved were all registered nurses, licensed practical nurses, or nursing assistants.

Personal protective equipment (PPE) was a major topic of conversation and concern in Spring 2020. To help out, the Mechanical Engineering Department of Virginia Tech, donated face shields with 3D printed bands to the hospital. On April 20, Professor Alexander Leonessa (right) gives the first of the shields to Philip Kirkman, Assistant Chief of Supply Chain. The program to make the shields was part of a National Institutes of Health grant called “Training the Future Biomedical Workforce to Recognize and Resolve Unmet Needs of our Wounded Warriors and their Healthcare Providers.” Dr. Pam VandeVord, a Research Health Scientist at Salem, and the N. Waldo Harrison Professor of Biomedical Engineering and Mechanics at Virginia Tech, is the primary investigator of the project.

An outpouring of support from local businesses let the men and women of Salem and the CBOCs know they were supported by the local community. In April 2020, Macados delivered dozens of meals that found their way to the Lynchburg CBOC.

March 10, 2020 - VISN6 institutes a ‘no visitor’ policy except for hospice and palliative care.

March 27, 2020 - Less than a week after standing up the ICC, Salem hosts a four-day Joint Commission team visit.

March 27, 2020 - COVID-19 bed space allocated and plans for five phases approved totalling 109 potential COVID-19 bed spaces. Initial phase has seven beds.

March 27, 2020 - 14 residents of Trust House moved to a hotel so the space can be used to house COVID-19 homeless. Veterans returned to Trust House in May 2021.

March 27, 2020 - The first fast-passes are made available for employees. As of June 2021, they are still in use - in an appealing variety of colors!
Salem team pitches in to make surgical masks

In the opening weeks of the pandemic new rules on the wearing of masks and shortages world-wide resulted in many Salem staff lugging their sewing machines to work and creating an assembly-line of surgical mask production. Over the course of several weeks, more than 7,000 masks were made, helping ensure patients and staff were protected and ensuring the health care system was able to weather the lean period before sufficient quantities of masks became available through normal supply channels.

The following is a partial list of individuals who volunteered their skills, often between seeing patients, to making masks:

Mental Health

One of the biggest challenges faced by Mental Health during the pandemic was two separate outbreaks on the acute psychiatry ward. The outbreaks required frequent swabbing (at least once a week) of all patients and all staff on the unit. Some staff were swabbed as many as seven times, and various providers volunteered to do the swabbing. Especially helpful in this regard were Dr. Caleb Pagliasotti and Danielle Young, as well as Dr. Bridgette Vest, Cecile Dietrich, Cr. Cieraszynski, and Belinda Brown.

During these outbreaks, the staff was unable to admit psychiatry patients to acute psychiatry, so acute medicine stepped up to help as did the emergency department and the ED psychiatrist in order to transfer patients out - often taking many hours to find a bed. When the service had positive COVID-19 patients, they had to be sent to the High Consequence Infectious (HCI) unit - which often required sending nursing staff to the HCI unit. The service came close to having to open up a section of the acute psychiatry ward for COVID-19-positive, but medically stable patients with psychiatric problems. This involved getting staff PPE fit-tested and a lot of flexibility with changing plans. The service also increased outpatient subacute psychiatry, as well as tele-mental health coordinators, continued to see patients virtually during the pandemic and resultant loneliness, anxiety, and depression.

Kudos to the domiciliary staff who kept the substance abuse residential program open while many such programs in the nation closed; and safely navigating through the pandemic without an outbreak.

The Salem PTSD program did close temporarily, but staff, such as Dr. Emily Marston and Dr. Matthew Jameson, helped in covering the trailers; and the staff also increased outpatient substance abuse treatment. The Psychosocial Rehabilitation and Recovery Center, under the leadership of Dr. K. LeSauvage, stayed open by doing virtual care and came back to face to face earlier than most.

Administrative staff, such as Ronda Rocchio helped with giving out Virex, Personal Protective Equipment, and hand sanitizer.

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Safety team comes through for everyone

Cynthia Stevens
Chief of Safety

I can’t say enough about the amazing team in the Safety Dept. I knew this was a group of dedicated, hard-working individuals but when put to the ultimate test, they came through in spades.

The onslaught of need for respiratory protection testing was a daunting task and our Industrial Hygienist, Jennifer Dinneen stepped up to the plate. She moved her office to Employee Occupational Health to accommodate getting the most staff fit tested. She came in early or stayed late on off hours to fit test the night shift staff. She developed a tracking spread sheet so we could keep records and adjust as quantities of PPE changed.

Ultimately, the staff completed more than 850 fit tests in a short time. Jennifer took on additional duties because of the Emergency Management Specialist and Assistant Chief being pulled for pandemic duties. She volunteered to go to the Virginia Veteran’s Care Center and assisted in their testing, and provided training to their staff to take over their own fit testing procedures.

Sheondra Clay is the Fire Safety expert but has expertise in many other areas. He was crucial in setting up the testing tents and trailers. When the tent was being set up, it was discovered the valve used to inflate it was damaged, without which the tent was not functional. He contacted the manufacturer and was informed the valve would take a short time. With his ‘MacGyver’ skills, he made a functioning valve so there was no delay in getting the tent up and running. He monitored the testing sites ensuring they stayed in place and were functional in bad weather. He worked to ensure there was lighting in place and there was electric and IT available to the testing sites. He also fulfilled the duties of another full time employee who was deployed on military duty during this time. He filled in for the Emergency Manager and the Assistant Chief while they were pulled away to focus on the requirements of the pandemic.

Although Joselyn Cutlip is the Emergency Management Specialist, her role throughout the hospital became vital during the pandemic. She was responsible to ensure all equipment needed for use at the trailers and tents were procured and in place. She arrived every day at 5-6am to monitor early setup of testing stations. She worked weekends/off shifts to maintain functioning status when most others were off duty. She assisted in tracking, procuring, and distributing PPE while maintaining par levels at the testing stations. She worked to deploy DEMPs staff to hard hit areas and made herself available to the deployed staff for questions and to address any needs they had.

Cutlip ensured deployed staff had all the essential items needed prior to leaving the area, and she was responsible for multiple daily reports that provided information about staffing, PPE, affected staff and patients and testing supply availability.

Sandra Vest was vital in helping maintain all expenditure records, supplies used during pandemic, cost tracking and timekeeping for the additional hours the Safety staff were working. She maintained the Safety staff’s calendars as they were pulled in different directions, and she ensured nothing slipped through the cracks for reports, contracts, and suspense items, etc.

The Safety staff accomplished all demands placed on them while maintaining ‘normal’ activities and functions with an admirable attitude and without complaints about the extra duties. I feel extremely fortunate and humbled at the professionalism and commitment of this remarkable team.

Testing put lab in unique situation

William Wilkerson, MT (ASCP) Laboratory Manager
Pathology and Laboratory Medicine Service

P&LMS was in a unique situation when the pandemic hit. All eyes were on us for testing. Was testing available? When would it be available? Where is the testing done? How many tests will we do?

These and thousands more questions were asked. With the concentrated efforts of the entire lab team, we were able to provide excellent care to our Veterans and employees. We have assembled some data below about our experience.

• Tested 23,520 SARS CoV-2 samples to date (as of mid July, 2021)
• 1,081 antigen tests performed
• 22,439 PCR tests performed
• Some of the 23,520 COVID-19 orders had to be reordered up to three times because of changing testing needs
• From time a specimen arrived in the lab until the results were in, each sample required 7-10 minutes of hands-on time from a technologist.
• The logistics of COVID-19 testing not included in the 7-10 minutes above:
  - Quality Controls of testing
  - Validation of new testing
  - Locating supplies for testing during a severe supply shortage
  - Ensuring collection sites have adequate supplies for testing
  - Educating and training staff for the daily changes in processing of samples and testing
  - Writing and updating procedures
  - Building Laboratory Exchange
  - Data Information interfaces for samples sent to Durham and East Orange VAs
  - Implementing courier services for Durham and East Orange VAs
  - Increase in testing related to COVID-19 such as D-dimer, ferritin, erythrocyte sedimentation rate, arterial blood gas, Basic Metabolic Panel, Hepatic Function Panel, Magnesium, CBC, Blood Chemistry, Troponin I, Creatine kinase, Procalcitonin, Lactate Dehydrogenase, NT-proB-type Natriuretic Peptide, C-reactive protein, Fibrogen, Prothrombin Time, and Partial Thromboplastin Time.

  • Assisted with site registration for the Expanded Access Protocol with the Mayo Clinic for the use of convalescent plasma and wrote SOP for the use of convalescent plasma. Met with Infectious Disease providers to discuss the SOP, Revised SOP for the Emergency Use Authorization that was granted by the FDA. The blood bank supported patient needs for convalescent plasma.
  • Transfused 83 patients/155 units of convalescent plasma
  • Enduring long-duration testing supply shortages
  • Provided gate screening coverage for several weeks
  • Consistently rearranged staffing and work flow to accommodate processing, shipping, and testing of COVID-19 samples
  • Accomplished it all with 10 vacancies in the department
DEMPS & 4th Mission

During the COVID-19 pandemic, two distinct missions occurred for the Department of Veterans Affairs. One mission was the Disaster Emergency Medical Personnel System (DEMPS), that played a major role throughout the pandemic. Staff who enrolled in DEMPS volunteered to provide care in some of the hottest COVID zones in the nation. The second mission was the Virginia 4th Mission. The Governor of Virginia requested assistance from the federal government to evaluate nursing homes due to the state's lessened the spread of COVID-19 in those facilities.

During these two important missions, seven staff from the Salem VA Medical Center covered 5,944 miles over a period of 146 days. The staff provided care in COVID-19 positive wards from Arizona to New Jersey. They also provided their expertise in 12 counties and cities throughout southwest Virginia.

Places traveled during the DEMPS/Virginia 4th Missions: Tucson, Arizona; East Orange, New Jersey; Cherry Hill, New Jersey; and the following Virginia counties and areas: Campbell, Covington, Craig, Alleghany, Lynchburg, Amhurst, Roanoke City, Appomattox, Roanoke, Bedford, Salem, and Botetourt.

Among those who supported COVID-19 pandemic operations away from Salem were: Robin Davis, RN, Chief Nurse, Medicine; Karen Hamed, RN, MH Care Manager, Wound Care; Beth Justice, RN, ICU/CCU; Rebecca McDonald, RN, Infection Control; Rosemary Saul, RN, Surgery, Ambulatory Care; Johnny Turner, RN, Assistant Nurse Manager, ICU/CCU; and Bridgevit Vest, NP, Mental Health.

Approximately 20 staff provided assistance and aid to the VA Virginia Care Center, Carrington Place, Carilion Roanoke Memorial Hospital, Lewis Gale Medical Center, the Trust House, Restin South, Waddell Nursing & Rehabilitation Center, Candis Home for Adults, and the Manor at Natural Bridge.

In addition, Salem provided a variety of items and equipment to local partners including: 100 face shields; 50 laundry bags; 7 pair of goggles; 2 Fit testing kits; 4 bottles of testing solution; 5 mountable plexiglass isolation stations; 1 tent; 1 portable negative pressure machine; 100 washable gowns; 294 Test Kits; 15 laundry hampers; 10 over the door isolation stations; 500 gloves; 100 face masks; and 269 COVID-19 tests processed.

Virus, not hurricane calls nurse away from home

Rosaire Bushey
Public Affairs Officer, Salem VA Medical Center

When Johnny Turner arrived at the Salem VA Medical Center to take the position as assistant nurse manager of the progressive care unit the week of Thanksgiving 2019, he also signed up for the Disaster Emergency Medical Personnel System (DEMPS), thinking perhaps one day a tornado, hurricane or other natural disaster might take him out of southwestern Virginia to help those in need.

In January 2020, Turner welcomed his first grandchild, the son of his daughter, an emergency room nurse at Carilion Franklin Memorial in Rocky Mount, Virginia where Turner worked from 2005. By April however, it was apparent that if he were called to mission, Turner quickly became comfortable in the unit.

"When I arrived, they briefed about DEMPS, and as I’d done some Emergency Medical Service work in the past, I started the process to take part," Turner said. "To give you an idea of how busy it was," Turner explained, "next to the ICU where I was assigned there was a telemetry unit. The nurses who worked there went home one night and came back the next day as ICU nurses – going from dealing with four to five patients at a time to dealing with perhaps two, but two who were much sicker and required much more care."

Like all the other nurses without COVID experience, the learning curve came fast. "There are some different things you do with COVID patients," he said. "For instance, CPR is compression only, and then it’s straight to intubation; and it’s a very hands-off style of nursing that most of us aren’t used to. Professionally, it was interesting to see the adaptations. Coming from an ER/ICU world where it’s very hands-on, COVID units stress minimizing the time spent around the patient. For instance, the ventilator module and IV pumps were set up in the hallway outside the patient areas so they could be handled without going into the room."

With particular attention to personal protective equipment, Turner quickly became comfortable in the unit.

"You have to go into the room every couple of hours for 10 to 30 minutes to bathe and take care of the patient, but you get over your apprehension and fear of how quickly the disease can spread by attending to PPE procedures."

What affected Turner most was watching patients who were intubated on ventilators or those who were ‘trached’, given tracheostomies to help them breathe, confined to the hospital because nursing homes weren’t taking COVID patients.

"The disease has no rhyme or reason. Most of those who were intubated were between 50 and 80 and most of those had co-morbidities such as diabetes, lung or heart problems."

By the time his tour ended May 16, Turner looked over his daily temperature and symptom log, was tested for COVID-19 and given the all clear. An off-duty member of the staff at EOVAMC took him and some other DEMPS crew on a quick tour of New York City across the river the day before he flew home to Roanoke.

"I’ve been to the city before and it was just elbow-to-elbow people. This time though, Times Square was empty, and it brought home the seriousness of the pandemic."

"I never thought I’d deploy for a pandemic response," he said. "But being there gives me a new appreciation for Virginia, and while everyone in New Jersey was very receptive and appreciative of us being there, it’s still not home.”
April 8, 2020 - The first episode of Chat With a Chaplain is shown on Salem’s Facebook page. The chaplains would record 43 episodes through Feb. 21, 2021, reaching more than 33,000 people.

Top: With the VA2K walk canceled for 2020, the staff at Salem VA HCS held a food drive for homeless Veterans. The collection gathered more than 777 food items and members of the Social Work team spent the morning sorting the donated food.

Executive Director of the Salem VA HCS, Rebecca Stackhouse talks to Donald Hairston, US Army Infantryman, 4th Infantry Division, Vietnam 1967-1968, and presents him with a Vietnam anniversary pin. During the pandemic Stackhouse handed out pins thanking Vietnam Veterans for their service and sacrifice and giving them a long-delayed ‘welcome home.’

The Community Living Center team got together to come up with an idea to help patients in the CLC have something to look forward to - an ice cream cart. Because of COVID-19 restrictions, CLC residents did not have face-to-face visits with their loved ones for more than a year. Video visits and online chats were (and remain) one way for them to be with family. Events like the ice cream cart are a way to bring the residents and staff together.
Prosthetics
PSAS - Prosthetics and Sensory Aid Service

As the facility shut down and was seeing very few face-to-face appointments, The PSAS warehouse continued to operate at full capacity, fulfilling physician orders from virtual appointments or telephone and mailing the items to Veterans so they did not have to come to the facility. Warehouse staff also took calls from Veterans requesting replacements. When an order was out of date, the warehouse staff reached out to the clinicians to have new orders submitted, saving the Veterans time and frustration, and allowing us to streamline the process and meet their needs more quickly and efficiently.

The warehouse also worked with vendors procuring items on backorder due to COVID-19, as this disrupted the supply chain in shipping, customs, ports, as well as raw material shortages. The warehouse staff was able to find alternative products allowing us to continue serving our Veterans in a timely fashion.

Purchasing Agents

The Prosthetic Purchasing Agents are dedicated to the Veterans by physically coming to work every day to make sure the job was done. They made sure Veterans received the items they needed, whether for rehabilitation, safety, or for the Veterans’ health. The Prosthetics staff also assisted with working the front gate, to ensure the people coming on campus were healthy so the Salem VA HCS would continue to run effectively and with the efficiency that is expected for our Veterans. These people take pride in their jobs and enjoy the work they do and will continue to work hard for the people that served this country.

Prosthetic Representatives

Changes to Prosthesis and Orthotic/Amputee clinic (In Coordination with PMRS). During the height of the COVID-19 lockdown, Veterans were accommodated by handling fewer complex orders via video, phone, and documented video evaluation by contract vendors. This cut down on the need for face to face appointments and visits to the VAMC, without sacrificing care to our Veteran amputee population.

Home Improvement Structural Alteration (HISA)

This program afforded Veterans the opportunity to email their HISA package to reduce or minimize the risk of being exposed to or contracting COVID.

Clothing Allowance

Let the Veteran email their clothing allowance application to reduce or minimize the risk of being exposed to or contracting COVID.

I am extremely proud of the Prosthetics Department and what we did to assist the rest of the VA Hospital staff to continue to give outstanding service to our Veterans during the pandemic.

PCMHI

When patients in Primary Care need to see a mental health provider, the Primary Care-Mental Health Integration team provides same-day access to mental health services. In order to continue Veterans’ access to same-day mental health services during the COVID-19 pandemic, the Salem PC-MHI team continued to provide same-day services, by telehealth, telephone, and face-to-face. This team of mental health providers converted groups to Veteran Video Connect (VVC) in a matter of weeks and worked with Primary Care staff to coordinate patient care and mental health access.

In coordination with Salem PACT, Salem PC-MHI staff provided services to 444 new mental health patients and 90% of those services were on the same day as the Veterans’ medical appointment, reducing drive and wait times for these Veterans. This rate of 90% in the March 2020 to March 2021 timeframe is well above the national and VISN rates during COVID-19.

Veteran Mica Williams, US Army 1962-1963, points out his grandson, Hunter Lawless, who was graduating from Air Force basic training July 30. Williams’ surgery was delayed several minutes so he could watch the live-stream event from his patient room.
The Health Administration Service participated in COVID-19 relief matters, policies, clinics, calls and healthcare support.

AODs and Admission clerks and Fast Track Medical Support Assistants were the first line of response to all urgent care needs related to COVID-19 testing in the hospital and met each patient through face-to-face interaction, transfer requests, and family support.

MSAs supported the testing trailers as runners for labs taken for testing and other testing trailer duties.

MSAs also supported from the call center, first by screening each caller, and eventually by scheduling the majority of COVID-19 vaccinations. MSAs also supported both the Employee and the Veteran COVID-19 vaccination clinics, checking in and scheduling all vaccinations.

Health Benefits supported by registering all spouses, caregivers and Veterans due to the Save Lives Act eligibility.

Clinic MSAs answered questions, provided PPE, and checked in all patients throughout the pandemic.

HAS staff supported the Ambassador Program by providing reminders of masking at the front entrance, clothed in shields and masks, interacting with all patients coming into the medical center.

Beneficiary Travel Staff processed reimbursement for all eligible Veterans for COVID-19 testing.

Release of Information staff provided records for all patients, including COVID-19 results, and Community Care staff continued to schedule patients into the community as much as possible, which has helped Salem be a forerunner in consult completion.

MSAs and program staff have sent thousands of letters, VE-TEXT messages, and phone calls to schedule, and reschedule to ensure patients received the best we could offer.

Coding staff educated Veterans via telephone, and coded PTFs and encounters, further enabling the facility to provide enhanced care to our heroes.

HAS staff donned the moniker and new local emblem of “Heart and Soul” to drive our vision of supporting and sustaining life at the Salem VA HCS.
Salem Research Institute-RN-PCU

Fran Hickman, RN
Executive Director, Salem Research Institute

When COVID-19 struck, we were as dumbfounded as anyone that our research participants would not be able to come on station. Not to mention the fact that we would not be able to recruit new subjects for studies. So the Salem Research Institute and R&D Admin put our heads together to determine what we COULD do instead of dwelling on what we couldn’t.

While other research facilities shut everything down and went home, we were determined not to do that. Our Veterans rely on us to provide them with sometimes life-altering research interventions. We knew that they were scared and we were a little scared too. We felt that we had to be proactive.

First we set up as many people to work remotely as was possible for staff safety. We determined which studies could be maintained through phone calls and video-conferences.

The staff were in constant contact with the research subjects and the sponsors with the goal of keeping the research alive until we could bring our Veterans back on station.

After that, we went to work and started developing a comprehensive plan on how to safely restart in-person research visits when the time was right. We worked closely with the COVID-19 team to prepare to resume research safely for both staff and the Veterans. We also used that time to do some ‘catch-up’ work. When they gave us the green light, we first brought in those that we felt were the most at risk because of the research medication that they were on for follow-up labs and procedures. We staggered the numbers that could be on campus at any one time per the COVID-19 team guidelines.

We continue carefully working within the guidelines given to us to safely bring our Veterans in for their visits. We have also begun recruitment for new subjects for studies and work on new research studies. This has truly been a learning experience for everyone in Research. While I hope we never have to do this again, I feel that we are well-prepared to step up if the need arises.

Research

The research staff worked the gates and the trailers during the early days of the pandemic, sometimes past midnight. R&D and SRI employees all came together with creative ideas of how to get through the pandemic with as little pain as possible. Everyone volunteered to put together new processes, a waiting room, scheduling patients/participants to come to BizLdg 76 or facilitate grant visits virtually, etc. It was a wonderful time of comradery and pulling together during a scary, uncertain time.

We converted what we could to telehealth visits once approved, and R2S National Institutes of Health grant students on Dr. Aliza Lee’s team created 3d printed face shields.

Dr. Lee - Natrox study is a telehealth study on wound care and technology initiated because of the pandemic.

Dr. Lee - Podiatry had a virtual graduation celebration for their PGY3 graduates.

Dr. Lee - Was able to have a research student assist in a retrospective research study remotely from home and continue her semester-long research commitment for the Roanoke College Undergraduate research field study program even though students were not allowed on campus at that time.

Dr. Stephanie Nagy-Agren’s research project amended from influenza study to a COVID-19 study.

Salem participated in an open-label Expanded Access Program (EAP) using convalescent plasma from June through August 2020. The co-principal investigators for this project were Dr. Nagy-Agren and Dr. Shikha Vasudeva.

In January 2021, Salem began participation in the ACTIV-3 study “Therapeutics for Inpatients with COVID-19,” part of Operation Warp Speed. The principal investigator for this study is Dr. Vasudeva, and Dr. Nagy-Agren is sub-investigator.

Fran Hickman, Executive Director for SRI, gave a presentation to the Kiwanis Club.

Dr Nagy was mentoring a nursing doctoral student on use of face masks for source control for influenza when the COVID-19 pandemic began. She and her student, Adriane Biggio a Salem nurse on duty, were aware of the potential risk of a pandemic due to novel respiratory viruses, and had been collaborating with Dr. Linsey Marr, a well-known aerosol scientist at Virginia Tech, and William Lindsey, a CDC NIOSH biomedical engineer. They modified the protocol and obtained approval to study use of face masks for source control of SARS-CoV-2. The Sri Board generously agreed to partially fund the work, and the study is ongoing. The influenza study results were presented in an abstract at the Society for Healthcare Epidemiology of America (SHEA) Spring Conference in April, and the manuscript is in progress.
COVID-19 completely changed the normalcy of Imaging and the requirements for how we accomplished our mission. Basically overnight, we began seeing mass amounts of patients that had to be imaged following respiratory precautions. Before COVID, our experience with respiratory PPE was limited to ruling out TB in a very small number of patients. Suddenly, everyone was being fit-tested for multiple types of N95s, due to PPE shortages and brushing up on PAPR procedures and infection control policies.

Employees would soon be performing new duties including screening patients at the gate and Radiologists performing full day clinical rotations seeing Veterans at the trailers. The day we received our first potential COVID-19 positive patient everyone was extremely anxious, to say the least. Technologists assembled teams to help those going into COVID-19 areas to don the necessary PPE. This anxiety would be repeated time after time before we actually received a true positive patient.

There were often tears for the overwhelming fear and insecurity of the virus. We were doing all we could do, but was that going to be enough? The one thing that never changed was the technologists commitment for performing their duties. They wanted their opportunity to fight against the pandemic.

We didn’t know, that in the very near future, COVID-19 would be the new normal; that PAPRs, hoods, gowns and gloves would be the daily routine. Technologists would soon be comforting Veterans and explaining the risks, signs and symptoms of the virus. So often the techs gained the admiration of Veterans for going face to face with COVID-19, with no hesitation. They quickly became desensitized to the fear and apprehension.

Education Department fills learning need gap for nursing students

COVID-19 negatively impacted learning opportunities for nursing students. Ulenaers et al., (2021) found students had fewer learning opportunities and some clinical experiences were not possible. Social distancing along with limiting number of people in a room created challenges for student-to-patient hands-on experiences.

Salem’s Veterans Affairs Learning Opportunity Residency (VALOR) cohort 2021 found COVID-19 negatively impacted their nursing school education this past year because unit experiences/procedures were limited and contact with patients was restricted. Moreover, the transition to online classes and the reduction of in-person class time created learning challenges, especially with having to use simulation in place of actual patients.

Salem’s Education Department along with facility leadership and nursing preceptors supported VALOR nursing students during COVID-19 and filled the educational gap academic institutions could not provide.

Students in VALOR have a dedicated preceptor and are involved in hands-on direct patient care; they are part of the team. The didactic classes (ECG, ACLS), projects, and clinical experiences were instrumental during COVID-19 for the development of nursing students to successfully transition to the RN role. Though the program is implemented through the Education Department, it is truly a facility effort to educate future nurses.


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Education Department fills learning need gap for nursing students

COVID-19 negatively impacted learning opportunities for nursing students. Ulenaers et al., (2021) found students had fewer learning opportunities and some clinical experiences were not possible. Social distancing along with limiting number of people in a room created challenges for student-to-patient hands-on experiences.

Salem’s Veterans Affairs Learning Opportunity Residency (VALOR) cohort 2021 found COVID-19 negatively impacted their nursing school education this past year because unit experiences/procedures were limited and contact with patients was restricted. Moreover, the transition to online classes and the reduction of in-person class time created learning challenges, especially with having to use simulation in place of actual patients.

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Pharmacy/CIPM

The Salem VA HCS Pharmacy began preparation to receive our first doses of COVID-19 Vaccine in November 2020. We received our first doses of Moderna vaccine on December 22, 2020 and began administering vaccine to employee on December 23, 2020! Since that time, the Salem Pharmacy staff has prepared over 23,000 doses of COVID-19 Vaccine and arranged transport of over 2,000 vaccines to CBOC locations. Dr. Pam Braun and Ms. Brandi Wilson prepared over 85% of all COVID-19 Vaccines for use in the medical center and CBOCs. These two individuals dedicated themselves to this process and worked early hours to make sure our vaccine clinics were stocked with vaccine each and every day.

Pharmacy also began a curbside medication pick-up process to assist our veterans with obtaining their medications without the need to enter the medical center during the pandemic. This process continues currently as it has provided another option for our disabled veterans who simply need to pick up medication and limit their need to enter and exit the medical center.

Several investigational medications such as remdesivir were made available to our most severely ill veterans during the early stages of the pandemic. This required coordination with providers, nursing staff and supply chain to facilitate the delivery and administration of these new investigational medications in a very short period of time. By offering these medications early we were able to facilitate the most current treatment options.

Our Clinical Pharmacy Specialists in Acute Care and Critical Care remained on site, actively rounding with medical teams and providing support for ordering and management of these new investigational medications for the treatment of COVID-19.

Over the course of 2020 and early 2021, two individuals stand out for Interventional Pain/CIPM.

Lori Rutherford, NP was one of our two mid-level providers. She was detailed to Employee Health in March 2020 and served through February 2021 and worked tirelessly under constantly changing conditions to provide contact tracing and monitoring of the condition of Salem VA HCS employees exposed to the COVID virus.

Monica St. Jacques, Pharm. D. worked as the clinical pharmacist assigned primarily with the CIPM team. They saw patients with complex pain conditions as part of an interdisciplinary team that was severely disrupted by the pandemic. Monica was able to increase her use of phone and VVC to ensure that Veterans with pain issues were able to continue receiving care despite the disruptions caused by the virus. She doubled her use of alternate modalities to treat patients during the pandemic.

Prior to COVID she saw about 70% of Veterans face-to-face and during the pandemic 95% of patients were treated via phone and VVC while at the same time increasing her clinical workload.

VA VOICES

Connecting with others is a shared part of the human experience. Our community of healthcare – to include our colleagues and our Veterans – is dependent on building our connections.

VA Voices focuses on this by exploring our connection to the VA, to our Veterans, and to each other. Like all large gatherings in the VA, our VA Voices classes were canceled for much of 2020. When they were able to resume, we proceeded cautiously. Class sizes were cut in half, food was no longer ordered for lunch, tables were placed between participants to enforce 6-foot distancing and masking was required at all times.

Faculty that had been with the program since its implementation had to wonder, as people, are we able to connect behind a mask? Will the physical barriers create a metaphorical barrier to connections? The results have been interesting. Participants are still able to engage with the curriculum and each other, but feedback has shown a shift in what was most impactful. Where most comments pre-2020 were centered on the usefulness of the curriculum in team building and collaboration, feedback post-2020 include phrases such as “I really needed something like this” and “this is starting to feel like a return to normal.” While the environment has changed, the key message of the need for connection and understanding has remained.
While we continued to offer residential care, overall de-in-person services. As time passed and safety precautions allowed, the re-
strictions became less severe, and therapy staff resumed to assist with technology and programing, and therapists. This was a challenging time as the ward nursing staff had working on their recovery in our domiciliary and are eager to in-
crease the census to full capacity as safety allows. Our outpatient ser-
vice have also continued to grow and adapt to the needs of our Veterans, including increased offerings of medically assisted treatments for opioid use disorders. Although the paragraphs above describe the positive accomplishments of the Dom staff, there were also plenty of sad, discouraging, and difficult experiences during the worst of the pandemic. We are proud and grateful, how-
ever, that we have stayed open and safely delivered care. To date, no Veterans enrolled in the Dom have contracted COVID-19.

Psychology Leadership During the Pandemic

During the COVID-19 pandemic, psychologists engaged in several special initiatives to provide services and lead-
ship for the service line and Medical Center during this challenging time. These included:

- Creation of a Psychology Incident Command (IC)
- Development and implementation of an Employee Sup-
port Team (EST)
- Providing direct patient care on the COVID-19 unit.

Early in the pandemic as facilities began to go on lock-
down, a Psychology IC was developed to deal with the evolving challenge of the pandemic. IC was developed by FEMA for effective decisions and communications during emergencies, and is the model used by VA medical centers during the pandemic. The Psychology IC created a struc-
ture for continuity of leadership in the event the Psycholo-
yists were unable to continue their duties. Comprised of the Psychology Chief and three other psychologists, this group also worked to facilitate clear communication within the service line and share decisions about how to best re-
spond to the myriad novel challenges presented by rapidly evolving pandemic. The Employee Support Team (EST) was an adaptation of the Army’s Combat Operational Stress Control and was created by Psychology IC to provide ser-
VICES to military members and Veterans. EST offered a variety of services in-
cluding promoting the availability of individual counseling through the Employ-
ee Assistance Program, a stress management class, and Mindful Moments—a daily 15-minute virtual mindful-
ness class that had attendance as high as triple digits. In addition, upon request by leadership, the EST conducted a needs assessment survey of service line chiefs to clari-
fy material and emotional needs within their service lines. Members of the EST also conducted rounds to check in with various front-line staff and offer support as needed. During these rounds we were consistently amazed at the positive attitudes and dedication of our medical center staff. Among the stories that stand out is an employee in a critical area arranging for her parents to care for her young son so that she could continue to provide care for Veterans and minimize the risk of exposure to the virus.

Contacts during rounds made it clear the employees working on the COVID-19 unit and the Veterans hospitalized there might benefit from additional support. We sought to deliver in-person care there, and to accomplish this, psychology leadership worked closely with Occupational Health, Infectious Disease, Nurs-
ing Leadership, COVID-19 Committee, and Medical Center Incident Command.

With the proper safety precautions in place, it was arranged for Dr. Brian Shenal to join the COVID-19 unit staff for two hours daily. During his weeks working there, Dr. Shenal spent over 50 hours providing support to Veterans and staff on the unit. He gained a deep appreciation for the courage and dedi-
cation exhibited by the staff and the Veterans they served.

It was typical for those of us doing rounds to finish feeling we had re-
ceived more encouragement than we delivered.
Medicine Service

During the second week of March 2020, just as Salem began 24-hour operations to screen all arrivals at the entrances to the medical center, The Joint Commission arrived for an unannounced survey. Well prepared staff members took this in stride, culminating in a very successful review. Incident Command (IC) stood up formally around this same time, with early meetings occurring as often as three times a day as the scope of the pandemic became more evident. IC Branch Leaders and their teams, worked to ensure the staff, supplies, equipment and locations necessary to care for patients infected with COVID-19 were ready. With IC’s leadership, many new processes and plans were developed and posted in the new Coronavirus SharePoint for all staff to access.

The High Consequence Infection (HCI) Workgroup was identified early in the pandemic, and they reviewed, developed and revised numerous protocols to ensure the safety of our Veterans and staff were prioritized during patient care activities. When available medical information demonstrated that most patients infected with COVID-19 could be cared for safely at home, the decision to evaluate, test and treat Veterans at their point of entry to the medical center was made, and plans were made to use the medical center’s trailers and tents as outside Assessment Areas. Operation of the areas at the West Gate and the VVCC Gate began in late March. Provider, nursing and support staff worked to ensure this service was available 24/7 at the onset of the pandemic. As the impact of the pandemic waned, Assessment Area operations continued to serve a vital role in performing pre-procedure COVID-19 testing.

Vital support in the startup and operations of the areas was provided by the Operations and Logistics Branches of IC. Many staff probably recognized when trailers were moved, ramps were built, tents were put up, or shelters were constructed, but the behind the scenes work required to keep staff safe, comfortable and productive also included providing electrical power, ensuring OIT connectivity, repairing HVAC units, fixing leaks and keeping the trailers well stocked and cleaned. Many thanks to the Canteen Service for supplying snacks and coffee early in the process.

To ensure the safety and health of staff, in April 2020, use of the LEAF system to conduct daily self-screenings was initiated along with expanded Employee and Occupational Health (EOH) staffing and hours. This was accomplished with provider, nursing and support staff from throughout the medical center.

As face-to-face visits and elective procedures were curtailed in early 2020, the medical center looked for alternative ways to care for our Veterans. Protocols to triage Veterans requiring surgery were rapidly adopted. Plans for reopening were developed and implemented, and due to these processes and the local incidence of COVID-19 in the community, the medical center applied for and was accepted to be a “Use Case Site” in June 2020, allowing us to have a more rapid progression to phase 3 of the reopening plan.

In mid-2020, Primary Care Service worked with IC to reposition the trailer from the VVCC entrance to the front of Building 1, to be used as a site for Veterans to get vaccinations and injections that had been delayed without requiring them to enter the medical center.

Infectious Disease (ID) staff worked with our VISN colleagues as part of the network’s ID/Infection Control meetings that have been largely focused on COVID-19. Our ID physicians helped develop the network guidance on pre-procedure testing that was approved in early 2021. Pharmacy Service spearheaded the rollout of COVID-19 vaccinations for employees and Veterans (and their spouses and caregivers). Leaders from Pharmacy, ID and the HCI Unit lead several employee Vaccine Town Halls that were notable for the high number of participants and excellent questions from our staff.

The medical center has re-engaged with the community, with collaboration including Social Work Service working with the VVCC, and other nursing homes and assisted living facilities (ALF) that care for our Veterans throughout the region. During one large outbreak at an ALF that supported mostly Veteran patients, the lack of staff, supplies and equipment led to the decision to bring infected Veterans to our medical center. Over the course of a weekend, medical center staff, including Nursing, Supply Chain, Pharmacy, FMS and Hospitalists, were able to convert Ward 2-2 into an auxiliary HCI unit that included negative pressure equipment in each room. This is an excellent example of our staff working together to provide excellent and safe medical care.

Early 2021 was met with surges in COVID-19 infections, prompting expansion of the HCI Unit (old MICU A) into the Step Down Unit. Protocols for use of newly approved medication to treat COVID-19 infections were developed by the HCI Workgroup, and participation in trials of investigational medications, some that included outpatients, were part of treatment planning too. As the volume and acuity of Veterans in the HCI Unit increased, Psychology Service supported not only our patients, but also our staff.
From the earliest days of the pandemic Sterile Processing Service and Physical Medicine and Rehabilitation Service spearheaded a mask making endeavor that resulted in over 7,500 surgical-grade masks for employees.

Physical Therapy (PT) and Occupational Therapy (OT) had a consistent presence on the HCI unit; Brenda and Joyce treated the whole person – including reaching out to Mental Health when Veterans were feeling isolated and depressed.

Occupational Therapy practice continues to incorporate a virtual option, and Audiology took advantage of new technology to fit hearing aids remotely.

Speech Pathology continued their Aphasia Group virtually and the Veteran’s loved it. Reaching out to every, single patient is what Gerofit did - when a Veteran did not join the VVC class, they received follow-up phone calls to check their progress and keep them motivated.

Recreation Therapy kept Veterans in touch with their loved ones in the Community Living Center, and Music Therapy ramped up telehealth fast and successfully KT continued contributing to the virtual MOVE classes.

Working for Veterans in their clinics wasn’t all PMRS staff did - they worked long-term details at the West Gate assessment trailer from OT and Audiology, and Dr. Canvin served several months on a detail for Employee Occupational Health.

Nikki Simko of Sterile Processing, cuts material to make face masks.

Clockwise from above: Joyce Goff, Occupational Therapy and Brenda Skelton, Physical Therapy, served in the HCI unit; Laurel Riddle works at a mask-making station; Dr. Amy Cox, Audiology, helps Veterans fit their hearing aids remotely; and Renea Guill, Occupational Therapy Assistant, pitches in to make masks for staff and patients, helping the facility work through PPE shortages that affected the entire nation. That same spirit of working together continues to allow the Salem VA HCS to fulfill its mission to serve Veterans.

Keeping pace for Vets and staff

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October 5, 2020 - The Dental department is approved to increase to 18 patients per day beginning Oct. 6.

October 8, 2020 - At this point in the pandemic COVID-19 has claimed more than 212,000 American lives - more than the total number of U.S. servicemembers killed during Korea, Vietnam, the Gulf War, Iraq, and Afghanistan. As of late June 2021, COVID-19 had claimed more than 603,000 American lives.

COVID-19 - 212,000 as of Oct. 8, 2020

Korea 36,516
Vietnam 58,209
Gulf War - GWOT 7,168

Nikki Simko of Sterile Processing, cuts material to make face masks.
PPE/Supply Chain Management

As the COVID-19 pandemic swept across the globe in February 2020, medical facilities began to see massive supply chain disruptions across a wide range of medical supplies as manufacturing facilities were shut down and national stockpiles of consumer goods were exhausted by panic buying. Salem VA HCS was not immune to the negative effects of non-availability of supplies, and Supply Chain Management Service was an integral part of the effort to ensure that the facility maintained sufficient medical items and equipment to appropriately safeguard patients and staff. The service took an active role in forecasting, purchasing, contracting, sourcing, and coordinating the receipt and distribution of a wide range of materiel from both MSPV and alternate suppliers. Below is a snapshot of the COVID-19 expenses from March 2020 to present, along with items received from the VA national warehouse.

Medical Supplies $2,611,519
Facilities $1,021,105
Administrative $590,268

NCRT Sourcing (gowns, swabs, N95s, gloves etc.)
Medical Supplies $339,924

Grand Total Purchasing and Sourcing $4,562,816

The volume of supplies and equipment needed required a staggering logistics effort as everything from anti-fogging clear face shields ($11.99) to toilet paper and paper towels ($8,600) and from $807.18 worth of hand soap to $8,980.14 in disinfecting wipes. In total, the Supply Chain/PPE Team have more than 500 distinct medical and facility purchases. And while the challenge has been profound, it hasn’t stopped. The virus continues to threaten the health and welfare of Veterans and staff, and while it does, the SCM/PPE team will be ready with supplies and equipment on hand to keep our Veterans and staff safe.
The anesthesia department did a variety of things during the pandemic, to include covering overnight calls for employee health, working the trailer, taking temperatures and keeping logs on the CLC, mobilizing additional ventilators and supplies in anticipation of COVID-19 surges, setting up anesthesia machines to run as long-term ventilators, obtaining HEPA filters (despite being on backorder) to protect patients and ventilators, establishing SOP’s (along with medicine) for intubations/codes in COVID-19 units, making SOP for COVID-19 patients coming to the operating room emergently, and performing all COVID-19 intubations in the facility (as outlined by SOP).

Surgery members were part of COVID-19 work-groups, researching and ordering CPAP helmets from the only company making the product in the U.S. (our facility may have been the first facility to use this product in the nation), and participating in numerous mock COVID-19 intubation scenarios prior to the first COVID-19 surge. These are some of the things our department did during the pandemic.

Dr. William Pasley said he has many fond memories of how numerous VA employees stepped forward to meet the challenge of protecting our special Veteran/patients. The Podiatry section traveled to the CLC to conduct all clinic visits on the ward so patients did not have to leave their rooms (and go back into quarantine).

Among other studies, Dr. Aliza Lee took part in the following research:

- Lee-AL0008 Natrox study is a telehealth study on wound care and technology initiated because of the pandemic.
- Lee-SRI retrospective study during the pandemic and was able to have research student assist in the research remotely from home and continue her semester-long research commitment for the Roanoke College Undergraduate Research Field Study Program (students were not allowed on campus at that time). The same study provided two laptops to allow two SRI employees remote computer access to work from home during the pandemic.

Also, surgical procedures were limited to essentially emergent cases, while rescheduling elective cases, again to reduce exposure risk.

The Podiatry team also participated in enhanced efforts to insure that our clinics are properly cleaned between patients, and increased awareness of sanitization efforts.

October 19, 2020 - In another joint venture with LewisGale, and Carilion Health Systems, Salem VA HCS Chief of Medicine Dr. Thomas Martin joins his counterparts for a PSA discussing the importance of masking.
Million Veteran Program

Tracy Ochalek, BSN, RN, CCRC

Although all in-person research activities were suspended during the pandemic, VA's Million Veteran Program (MVP) deployed a COVID-19 questionnaire to Veteran participants to collect information about their experiences with COVID-19. In addition, MVP prioritized a series of research questions to examine the genetic basis of infection by SARS-CoV-2; complications of infection; disease severity and outcomes; and response to various medications. As Salem VA HCS research coordinator for the program, I was proud to work for Kris Ann Oursler, MD (MVP's local site investigator at Salem VAMC) and alongside Kim Birkett, MPH in MVP's important initiative to identify disease mechanisms and new treatment targets for COVID-19. Given MVP's racially and ethnically diverse Veteran participant population (~20% African American and 7% Hispanic), the influence of race and ethnicity on disease susceptibility, severity, and outcomes will be an integral part of the analyses.

During critical stages of the pandemic, I had the opportunity of working with infectious disease providers, Stephanie Nagy, MD and Shikha Vasudeva, MD and Donna Arsura, RN, Research and Development's Health Science Specialist, to provide Veterans with access to novel COVID-19 treatments through the Mayo Clinic COVID-19 Convalescent Plasma Expanded Access Program. Because of our experience with the program at our site, Salem VA HCS was able to assist other VA facilities participating in the Mayo Clinic COVID-19 Convalescent Plasma Expanded Access Program as part of a collaborative team with The Office of Research Protections, Policy and Education (ORPPE) by creating process documents and guides for their research coordinators. More recently, I have proudly been working with Dr. Vasudeva, Dr. Nagy, David Boone, DO, Erin Caldwell, MD, Edward Humercikhouse, MD, and Ayesha Khan, MBBS to facilitate the selection and registration of Salem VAMC as a global site in the TICO ACTIV-3/INSIGHT 014 research study which is part of Operation Warp Speed and the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) initiative.

With the support of Salem VA HCS leadership, our local Research and Development Service, pharmacy staff, William "Brent" McGraw, PharmD, Susan Murphy, RPh, Taci Fletcher, RPh, pharmacy staff, nurses in the COVID-19 unit, and Salem Research Institute Inc, this ongoing study provides the opportunity for inpatient COVID-19-positive Salem VA HCS Veterans to be treated with state of the art COVID-19 therapies as they become available. I'm so honored and grateful to be part of the Salem VA HCS team that is fulfilling VHA's strategic mission to advance the healthcare of Veterans to whom we owe so much.
Social Work Service

Advanced care planning

On March 1, 2020, Social Work Service implemented the Advance Care Planning via Group Visits (ACP-GV) to provide Veterans and their loved ones to discuss Advance Care Planning and Advance Directives. Within a month of launch, Salem VA HCS prohibited face-to-face groups. The importance of ACP saw members of the ACP-GV program call hundreds of Veterans offering them the option to participate in virtual sessions. The ACP-GV Program recognized that partnering with established groups experiencing success with virtual modalities provided an additional opportunity to engage Veterans in an Advance Care Planning discussion. The program partnered with Gerifot, VIST, PRRC, Diabetes Education, MOVE, SARRTP, and the General Caregiver Support Services Program to virtually offer ACP discussions in their already established groups. Since the program's implementation, the national ACP-GV Program has recognized Salem's ACP-GV program as one of the top five Office of Rural Health-funded national performers. The ACP-GV Program Coordinator recently spoke at the National ACP-GV Community of Practice call, sharing details about implementation and keys to success within the Salem VA HCS.

SWS TEAMWORK

Staff members took on extra duties during the COVID-19 pandemic while continuing to provide coverage in their designated areas. David Masterson, PSA for SWS worked the gate as a runner until contract personnel were hired, and continued his workload in the Caregiver Program. Auvray Dooley, MSA in SWS provided support to the Health Administration Service by calling Veterans to enroll in the program partnered with Gerifot, VIST, PRRC, Diabetes Education, MOVE, SARRTP, and the General Caregiver Support Services Program to virtually offer ACP discussions in their already established groups. Since the program’s implementation, the national ACP-GV Program has recognized Salem’s ACP-GV program as one of the top five Office of Rural Health-funded national performers. The ACP-GV Program Coordinator recently spoke at the National ACP-GV Community of Practice call, sharing details about implementation and keys to success within the Salem VA HCS.

REACH VA individual counseling required helping caregivers become proficient in VA Video Connect while encouraging self-care and providing instruction on emotional regulation and stress management. Perhaps the biggest challenge to the program was how to conduct the Resource Fair for the two caregivers. Traditionally, this is an all-day event with lunch provided, and focuses on self-care, using technology, stress management, emotional regulation, relaxation techniques. The event was a care provider meet and connect and realize they are not alone in the caregiver journey. Because of money allotted for this program, we were able to send relaxation packs to all participants.

ER staff

The ER staff surprised us with a Social Work Month lunch on March 2021. The COVID-19 friendly luncheon included a pizza, cake, and card. It was a great way to enjoy (socially distanced) time together and learn more about our coworkers.

Caregiver letter

The MISSION ACT of 2018 provided for a robust expansion of the Program of General Caregiver Support Services (PGCSS). The expansion called for increased support to the caregivers of our Veterans and included education about the stresses of being a caregiver and instruction on self-care. One of the educational opportunities directed expansion of our REACH (Resources for Enhancing All Caregivers Health) VA services to include a telephone support group and face to face individual counseling. The expansion also included more intensive community outreach, increased community partnerships, and education of VA HCS staff and community stakeholders about PGCSS. We were also required to host an annual Caregiver Summit for hospital staff and community partners, as well as an annual Resource Fair for the caregivers. The Pandemic hit just after these strategies were implemented and required changes to plans. We quickly became proficient in hosting events using WebEx, Teams, and VA Video Connect. We hosted our first annual Caregiver Summit in September 2020 and our second in April, 2021, both online, and both featured internal and external partners.

Community Outreach posed an additional challenge but thanks to online possibilities, we were able to educate agencies by participating in their online staff meetings. The REACH VA Telephone Support Group exceeded national expectations by completing two groups. The Pandemic may have increased caregiver willingness to connect and participate.

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All in all, it was a very stressful year that required creative thinking and persistence in overcoming obstacles but the outcomes were as significant as the hurdles. Caregivers recognized the program was there to help, despite the Pandemic.

Social Work Month

Our final events to celebrate Social Work Month in 2020 were canceled and when Social Work Month 2021 rolled around, the SW Planning Committee (SWPC) jumped to action to make the events fun and memorable for our colleagues. The SWPC hosted five events to celebrate our social workers.

First, the planning committee delivered individually packaged cupcakes to staff with a note of thanks and encouragement for their hard work. Next, a bag filled with breakfast goodies was delivered, and a boxed lunch at the end of the month was hand-delivered by a member of the SWPC.

While the treats were delicious and appreciated, the most fun was had by participants in two virtual events. The first event was a scavenger hunt. Clues were provided and teams of colleagues were tasked with figuring out riddles or completing small tasks— with photo evidence.

The committee also facilitated a “Baby Photo Guessing Competition” where staff members sent in baby photos which were compiled and sent out to all staff to make their guesses. Prizes were awarded to the top scavenger hunt teams as well as the three social workers who guessed the most baby pictures correct.

Even though we weren’t able to gather as a group, the SWPC went above and beyond to make sure our social workers were shown how much they are appreciated, the most fun was had by participants in two virtual events. The first event was a scavenger hunt. Clues were provided and teams of colleagues were tasked with figuring out riddles or completing small tasks—with photo evidence.

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Healthcare for Homeless Veterans

Proactive care team expedites DMV appointments for homeless Veterans

As the employment specialist for the HCHV clinic, I am often faced with individuals who do not have a valid state identification card or driver’s license. The process for obtaining ID’s for our population is already very difficult due to the requirement of two proofs of Virginia residency if a new resident, or if any changes to ID are required. Due to the pandemic the Department of Motor Vehicles became an appointment-only operation and the average time to get an appointment was approximately three months. A valid ID is required for almost everything including entrance into housing programs, employment, bank accounts etc. Due to the limited time and the urgent need to establish income for our customers, I visited our local DMV office and established a meeting with the manager to ask if they would consider giving expedited appointments for any homeless Veteran who had all necessary documents. They agreed to do so and as a result we were able to get immediate appointments for several Veterans and they were able to get their ID’s very quickly. This enabled these Veterans to obtain housing, employment and benefits that may have taken months if this relationship had not been created.

HCHV Behind the Scenes

The HCHV program had the opportunity to assist with the pandemic response, by ensuring that Homeless and At-Risk for Homeless Veterans, were still able to have access to needed services and resources. In April 2020, the Homeless Veterans in the HCHV Contract Housing program (Trust House/ARCH) program were moved into local hotels, where they weren’t congregated in a sheltered environment. The Trust House site had been identified by the city, as a place where COVID-19 positive individuals could stay, if they had nowhere else to go. The HCHV program staff helped move the Veterans to the hotel and increased the number of contacts to ensure Homeless Veterans had assistance in the transition. During the first move to the hotel, a natural flooding disaster occurred, and the HCHV team assisted to make sure Veterans were safe and helped transition them to a new hotel site.

While in the hotel, the HCHV program provided face to face contacts, following the standard guidance and SOP’s in place, as well as using appropriate PPE and social distancing protocols. The entire staff worked together as a team to deliver food, take temperatures, and perform home visits and increased staff contacts to help Veterans feel supported in the midst of the pandemic.

The HCHV Program, also coordinated a pandemic safe Stand Down event, in November 2020 ensuring that Homeless and At-Risk for Homeless Veterans were able to received needed items, and resources. The program received a $2,000 donation from the Roanoke Elks Chapter #197, during that event. (See photo below)

In April 2021, the HCHV Coordinator and Trust House Liaison met with ARCH Services leadership to discuss the Homeless Veteran transition plan. ARCH Leadership agreed to have the Homeless Veterans be the first ones to move from the hotel setting back to the Trust House location. Both the Veterans and staff were excited to begin this process and worked to ensure a smooth transition back to the Trust House site. The HCHV program put together a inspection team of Salem VA HCS employees, to ensure the property was appropriate for return. Excitement was also met with intention. On May 7, 2021, the Veterans officially moved back into the Trust House. After getting settled, the Veterans did not wait to take advantage of the opportunities they have with living in a house-like setting, such as using the computers, going for walks in the neighborhood, and cooking in the kitchen. This entire process showed not only the commitment of fulfilling the VA’s mission, but also highlighted the mutual passion that both entities have to be a part of serving our Homeless Veterans.

VA support to Veterans’ homes and programs

Salem VA HCS worked very closely with our local State Veterans Home – the Virginia Veterans Care Center (VVCC). Early on in the pandemic, our VA reached out to VVCC to provide consultation and support. Several key staff from the Salem VA (Leadership, SVH Facility Representative, Infection Prevention Nurse, Infectious Disease, Physician, Engineer, etc.) made multiple site visits to VVCC to assess their practices and provide support. It was found during these visits that VVCC was going above and beyond to protect one of our most vulnerable populations of Veterans.

Salem VA worked with leadership at VVCC to create a pandemic readiness plan and provided valuable support with access to testing, infection prevention support, daily contacts, direct admissions for residents, supplies and 4th Mission Staffing Support through DEMPS for several weeks during an outbreak.

Salem VA HCS also collaborated with our contract nursing homes to offer support and assistance throughout the pandemic. The Community Nursing Home (CNH) Program Coordinator and Clinical Nurse Leader in Mental Health provided one of our contract nursing homes with COVID-19 test kits, and our Clinical Nurse Leader provided staff with education on proper administration of the COVID-19 swabs. Our CNH Social Workers and RNs successfully implemented VVC and have been able to conduct many visits with our contract Veterans virtually, which was sometimes the only outside interaction they had with another individual.

We also gained remote access to view Veteran’s records to ensure quality monitoring was consistently done as part of the monthly oversight for the CNH program.

Additionally, during the COVID-19 pandemic, the Community Residential Care (CRC) team increased their contact with CRC sponsors and Veterans, offering additional support as needed. The CRC team assisted the homes with supplies of PPE, and Veteran contact was maintained by phone calls and porch visits at facilities using COVID precautions of wearing masks and social distancing.

VVC calls were implemented with some facilities to facilitate more face-to-face contact, and the CRC Coordinator followed guidance on resources offered by DSS licensing to include the CARES Act, and followed up with the Administrators of each licensed home for reimbursement for eligible services and supplies.

Visual Impairment Services Team creates modified program for blind Veterans

The Salem HCS VIST Coordinator, MOVE! Coordinator, and Kinesiotherapist worked collaboratively to develop a modified MOVE! program specifically for our Visually Impaired and Legally Blind Veterans.

The program is a 7-week telephone group co-facilitated by VIST, MOVE!, and KT. Veterans who participate in the program have pre/post program lab work completed to measure A1C, glucose, and lipids. Additionally, talking devices and other helpful items are mailed to the Veterans prior to group start, including: talking weight scale, talking pedometer, divided plate, water bottle, measuring spoons, and exercise/resistance bands for home use.

The traditional MOVE! booklet was modified into a loose leaf booklet with enlarged printing and placed into a three ring binder with easily removable pages, to allow our legally blind and visually impaired Veterans to remove the pages to use with their hand held magnifiers, CCTVs, and OCR (scan to read) devices. We have completed three groups in FY21 and the fourth group began July 12, 2021.

The move from the hotel setting back to the Trust House location was agreed to have the Homeless Veterans be the first ones to move from the hotel setting back to the Trust House location. Both the Veterans and staff were excited to begin this process and worked to ensure a smooth transition back to the Trust House site. The HCHV program put together a inspection team of Salem VA HCS employees, to ensure the property was appropriate for return. Excitement was also met with intention. On May 7, 2021, the Veterans officially moved back into the Trust House. After getting settled, the Veterans did not wait to take advantage of the opportunities they have with living in a house-like setting, such as using the computers, going for walks in the neighborhood, and cooking in the kitchen. This entire process showed not only the commitment of fulfilling the VA’s mission, but also highlighted the mutual passion that both entities have to be a part of serving our Homeless Veterans.
Nutrition and Food Services celebrated National Food Service Week by modifying our traditional staff meal. Instead of everyone being able to get together, we created a COVID-19 friendly service line and allowed staff to come through our conference room to pick up a boxed meal. We also had raffles for various door prizes to show appreciation to our staff.

The Clinical team celebrated National Nutrition Month by hosting a grab and go meal for the dietitians. The clinical staff also came up with a creative way to allow medical center staff to be involved by hosting virtual “Ask the Dietitian” sessions. This allowed staff to ask nutrition-related questions, and our clinical dietitians to share their knowledge and showcase their expertise.

The Clinical team recorded a Healthy Teaching Kitchen Demonstration that was shared on the Salem VA’s Facebook page.

During COVID-19, clinical staff were able to transition to a hybrid telework schedule, allowing all to continue to work their normal TODs, but decreasing contact time and opportunity for exposure. As a result, virtual appointments with Veterans increased by 66%.

Food Service Staff made adjustments to how food was delivered to COVID-19 units, and our CLC unit, to help keep Veterans and staff safe.

Area Nurses Citizens of Year

Nurses from the Salem VA Health Care System, Carilion Clinic, and LewisGale Medical Center were collectively honored as the Salem Rotary Club’s Citizen of the Year Award during a ceremony May 25 at the Salem Civic Center.

The award, first given in 1957, is presented, according to the Salem Rotary, “in recognition of distinguished service to the community for steadfast dedication to the high calling of good citizenship and faithful devotion to those ideas which have made America strong and free.”

Pam McAnally, Associate Director of Patient Care services, attended the event with five other nurses to represent the Salem VA Health Care System, including Patricia Bohannon, RN, Carolyn Casey, RN, Celeste Griffith, RN, Stacey Boris, LPN, and Carolyn Keyes, RN. Small groups of representative nurses also attended from Carilion and LewisGale.

“We recognize the nurses in our community for their extraordinary contributions to our community over the last 15 months during the COVID pandemic. Their efforts and work in the community are always appreciated and our awareness of the unique and critical role they have played as the community managed the tragedies associated with COVID-19 merits this special recognition,” said Rob Cassell, Chair of the Citizen of the Year Committee.

“The award is such an honor for all nurses,” said McAnally. “This past year has been challenging for all of us. It has been humbling to watch how everyone has come together to take on the pandemic. Nurses answered the call of service over self, not only during the pandemic, but as they do every day. I am proud and thankful to work alongside them and our community partners to care for our Veterans.”

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Salem reverts to Stage 1 for CLC operations. The employee positive result mandates 21 days in Stage 1.
Nov. 15, 2020 - Salem holds its first Virtual Memorial Service to honor those Veterans who passed in the previous six months. The video was made available on social media.

Nov. 16, 2020 - On the same day the Incident Command team begins to design the initial survey for vaccine distribution, the Manor of Natural Bridge, a Salem VA Health Care System Community Residential Care Home, reports 38 of 47 residents positive for COVID-19, including 11 Veterans. The facility also has six positive employees.

A year ago, March 28, 2020, Marine Veteran and Salem VA Medical Center Housekeeper Charles Roy Toler Jr., made history in a most unenviable way – he became the first patient admitted to the hospital High Consequence Infection (HCI) unit for COVID-19.

“I remember I had a cough that wouldn’t go away, and I kept it for about two weeks. I get headaches and the coughing aggravated the headaches and I wanted it to go away, and my wife said, ‘you might have COVID,’ so I checked into the ER not thinking I had it at all. I was just being a good soldier and doing what my wife told me to do.

“They (the ER staff) took me right in and I started feeling sick in the ER. They put me in a special room and about that time I felt like I had to throw up. So, I got up and the next thing I knew I was waking up on the floor. I had just passed out. But I got up and threw up in a trash can, which is where I was heading when I got up the first time.”

From that point Toler was given a nasal swab and sent to the COVID unit.

“I had never seen the unit until that point and everybody is all dressed in PPE and gowns and the doctor came in and introduced himself and then told me the worst-case scenario of what I could expect: worsening cough, rising fever. Fortunately, I didn’t get any of it. Then he told me, ‘it comes down to you, I will stand on your chest and give you compressions. I won’t give up on you.’ He broke it all down Barney style for me, which I appreciated. Sometimes you have to do that with Marines.”

While he was in the hospital Toler’s wife and two daughters were worried that if he got COVID-19, they might get it as well. Realistically, he said, he probably had it for a couple weeks before coming to the ER, so there was concern for the rest of the family.

“They never had any symptoms. It’s strange, especially for my wife because we are in the same room at night but apparently, they have good immune systems.”

Toler would only spend a few days in the HCI unit before heading home to spend 14 days in quarantine.

“Honestly, that was more difficult than being in the hospital. Fortunately, I had a separate room and bathroom so I didn’t have to go into the other part of the house, and my wife gownned-up to bring me food and told me not to leave that room. Everyone was isolated from me and I’m a family-oriented person; I’ve got to have everybody near me when I’m at home. You get used to a certain-everything and flow of things and when that gets altered it throws you off – it was definitely the hardest part because I was at home but still couldn’t see them.”

Looking back from his one-year anniversary, Toler thinks the care he received at Salem was on-par with any he would get in the community.

“The nurses were professional, and I tried to be a good patient. I think they tried to match my sense of humor and it made it feel more natural to me because that’s how I vent my frustrations. My nurse that first day matched my personality and humor perfectly.

“I’d like to thank them all for putting up with me and for their care and professionalism and thanks to the doctor for being so straight-forward. To those people who might be not feeling well, get tested! You hear so much in the media about people putting it off until they’re in the hospital and it’s almost too late. At the first sign you think something might be a wee bit off, get tested! Yeah, it’s uncomfortable, but if you’ve got peace of mind that if you do have it, you’ve hopefully caught it early so it won’t be as big an issue if you’d waited another month.”

A year after making history, Toler says he hasn’t had so much as a sniffle.

“Knock on wood.”

Marine Veteran, employee, celebrates anniversary of historic first
At the Community Living Center, birthdays are taken seriously. At right Mary Mackey, a World War II Veteran who served as a nurse in Italy, visited with relatives including her niece, Fifi Prillman, on her 100th birthday Jan. 29. With Mackey is Mary Brumfield, a Recreational Therapist who helped organize the virtual party along with Amanda Miller, RN and the CLC’s Restorative Coordinator.

For patients like Myron Harold, a furry robot is a long way from where he stood nearly 70 years ago. Harold was a staff sergeant serving on the infamous Heartbreak Ridge in Korea when he limped off the field, frozen and taken to a field hospital where he nearly had both legs amputated; but despite frostbite, his limbs were saved. In an interview with a local author, Harold said the saving of his legs was “my miracle”. He made it back to his unit and finished 18 months of combat. After his tour in the Army, Harold ran a fruit business raising and selling apples and peaches. Now 90-years old, Harold lives in the Community Living Center of the Salem VA Health Care System’s Medical Center in Virginia. He sits in a hallway, smiling, and petting a small golden-furred puppy.

The dog, a robot he’s named Peaches, was one of several cats and dogs given to the Salem VA in 2020 as a first-of-its-kind program through the American Red Cross, and according to Georgine Gulotta, Nurse Manager of the CLC, the animals are a wonderful addition to the facility.

“For more than a year now many of the people here haven’t been able to visit with their loved-ones in person, and some of them have created very meaningful connections with their robot pets.”

The pets, which can be petted and combed and even washed, have grooming aids and they become the pet of a single Veteran who will often give them a name and treat them like any living pet.

“It takes them back to a happy time, a comforting time,” Gulotta said. “It’s an ideal thing for residents and patients, especially lonely people who don’t have visitors.”

The program was inspired by a doctor at the Salem VA HCS and made possible through the generosity of Gene Rose, a Red Cross Volunteer who was working in conjunction with Red Cross Service to the Armed Forces Manager, Patti Wilson. Rose deployed with the ARC to Iraq and Afghanistan in 2009 to provide services to military members, and according to Christy Carneal of the ARC Virginia Region, wanted to do something for the ARC’s military programs.

“We were able to make his idea happen because of Gene’s desire to help,” Carneal said. “Gene purchased robotic cats on behalf of the American Red Cross for Salem, and after that initial donation, we have also provided dogs as well as a pet care cart that has bed rolls, blankets, collars, leashes and brushes that patients can use to care for their pets.”

Carneal said the ARC is excited about the interaction and comfort the therapy pets bring to the patients, especially during COVID when so many are increased isolation. Gulotta, who has seen the impact the therapy pets have had, summed up the program. “Any program like this is just invaluable – more than people could ever imagine.”
Vaccinations arrive

Home Based Primary Care (HBPC) carried out a vaccination blitz during which they gave COVID-19 vaccines to HBPC patients and caregivers currently enrolled in the HBPC program at the Salem VA HCS and its associated CBOC locations in Wytheville, Lynchburg, Staunton.

CLC staff worked hard to improve their quality star rating, and has attained a 5-star rating. With this they join all the other VISN 6 facilities in having a quality rating of 5 stars.

CLC recently opened its doors to allow visits from family members to residents. Some reunions were very momentous event for families as some of them have not seen their loved ones in over a year.

Laura Hart, PA in front, Leigh Wingo, NP, Carolyn Casey, RN, Mandy Price, RN and Nancy Reichard, RN.

Opposite page:

Dec. 23, 2020 - 98-year old World War II Veteran Coy Shaffner becomes the first person at the Salem VA to receive the Moderna vaccine. Shaffner, who spent 203 days as a German POW, was given the shot by Yvette Mays, RN and Amanda Miller, RN.

Later that day, Dr. Shikha Vasudeva, Infectious Disease Specialist, becomes the first health care worker at Salem VA to receive the vaccine, courtesy of Bonnie Clark, RN/BSN/EOH.
Feb. 11, 2021 - Karen Hamed, RN provides the vaccine to a Veteran. Nearly 2,000 doses were administered the week of Feb. 8-12, the largest single week of vaccine delivery for the Salem VA HCS. The Bldg. 5 Auditorium was turned into a vaccine clinic for several months.

Feb. 24, 2021 - Virginia announces easing of restrictions starting March 1. Outdoor gathering limits increase to 25.

Feb. 26, 2021 - Salem’s CBOCs receive their first doses of vaccine the week of Feb. 26.

CBOC First Doses
U.S. Army Veteran Jerry Anshart is given the first dose of the Moderna COVID-19 vaccine at the Staunton CBOC by Kayla Mick, LPN.

World War II Army Veteran George Huffman Jr., received his vaccine at the Lynchburg CBOC courtesy of Janet Allen, LPN and Stephanie Taylor, RN.

Ms. Stackhouse, Ann Benois, Customer Service Manager, and Greer Sullivan, Executive Assistant to the Director, prepare cupcakes for delivery to the hospital staff as part of an all-employee recognition after the year anniversary of the stand up of the Incident Command Center.

Left: A picnic table with the now ubiquitous plexiglass divider, may be the most obvious reminder that the COVID-19 pandemic is not over. As of June 25, 2021, less than 50% of the population has been fully vaccinated, while just under 51% of Virginia has been fully vaccinated.

Below: It’s too early to say how long we’ll see the COVID-19 trailer in action, or before we’ll get back to a pre-pandemic footing.
Local community reaches out, shows support

The outpouring of community support for healthcare workers was widespread. Jersey Lily’s Roadhouse in Salem delivered 200 meals to the medical center in May 2020 as part of WSLS10’s Food for Frontline program. Macado’s Grand Pavilion and Performance Foodservice teamed up to provide 1,500 sandwiches and salads; the First Baptist Church of Roanoke and Chick-fil-A Bonsack delivered hundreds of sandwiches on separate occasions; and the Salem VA Credit Union and John Hutchison of Hacksburg, presented ear savers and other items to nurses during Nurse’s Week. Companies also donated PPE such as masks and face shields and other equipment. In total more than $21,000 of food, equipment, and activity items were donated by more than two dozen individuals and organizations.

March 24, 2021 - Virginia eases restrictions again. Indoor social limit increases to 50 and outdoor to 100.

April 30, 2021 - Virginia ends statewide mask mandate outdoors in small groups.

May 28, 2021 - Virginia ends all statewide Coronavirus restrictions on businesses and individuals effective May 28.