VHA COVID-19-Incident Command Call March 13, 2020	
AREA UPDATES	
VHA Executive in Charge Updates-Dr. Stone	Across VHA there are a total of 23 presumptive and confirmed COVID cases. 6 of those are employees and 17 are Veterans. Of the 23, only 4 have been confirmed by the CDC. **Dr. Stone asked that the field immediately cease the authorization of granting access to telework systems (Rescue or CAG), until further notice. Telework is not to be authorized for administrative staff at this time. Telework may be authorized for patient care providers if that is the only way by which they can continue to provide patient care.** The enterprise has not yet been able to assess the capacity of telework servers and cannot allow the system to become overloaded. There is no capacity issues with servers related to iPads and iPhones, if employees can complete their duties utilizing one of those devices they can telework. Dr. Stone has asked that VISNs now report on a daily basis the number of call outs (broken out by call outs related to family care and illness of the employee). Formal guidance will be coming out regarding visitation policies. Medical Center Director's now have full authority to restrict access/visitation to areas of the hospital to any extent they deem appropriate. If access/visitation to particular areas is entirely suspended, Central has asked that immediate notification be made to VACO. **For curtailments of services, Director's may curtail services at their discretion, with Mr. Fisher's concurrence.** Sites should contact Mr. Fisher prior to curtailing services unless that is being done so emergently. An issue brief must follow all curtailments per the Issue Brief handbook. The issue brief must address, staffing availability, employee and patient safety considerations. Dr. Stone shared that national has released $5 million in funding to expand tele-ICU services across VHA.
VHA EMCC Director Updates-Peter Kim, MD	None
DUSHOM Updates-Rene Oshinski	During the VISN updates, Ms. Oshinski stated that she would like VISNs to begin to report separately the number of ICU patients pending COVID test results.
Closing Remarks	