

May 13, 2021

REQUIREMENTS FOR STAKEHOLDER VISITS TO VA MEDICAL FACILITIES

VHA Notice 2020-08, Requirements for Stakeholder Visits to VA Medical Facilities, dated March 3, 2020 has been rescinded. VHA Notice 2021-08, recertifies the content in VHA Notice 2020-08.

1. OVERVIEW

This Veterans Health Administration (VHA) notice provides the requirements to Department of Veterans Affairs (VA) medical facility Directors for visits to their facilities by established external stakeholders with Veteran-centric missions, such as State Veterans Offices, Veterans Service Organizations, Members of Congress and their staff when on official visits, and Military Service Organizations. These standards are based in part on a memorandum from the Office of General Counsel, Guidance on Stakeholder Visits to VA Facilities, dated July 8, 2020.

2. IMPORTANCE OF COLLABORATION

Veterans, their families, and their survivors exist within the greater community and interact with various organizations for a variety of services and resources. These organizations are integral to VA's daily efforts to improve care and services provided to Veterans. Accordingly, it is vital for VHA to collaborate and coordinate with these stakeholders. The standards established by this notice are intended to welcome and support stakeholder visits while also complying with laws and policies that protect Veteran privacy.

3. REQUIREMENTS FOR LOGISTICAL SUPPORT FOR STAKEHOLDER VISITS

While VA medical facilities are public places, their primary mission is to provide safe, comforting, and medically necessary care. This policy is intended to provide logistical support for stakeholder visits.

a. **VHA Chief of Staff.** Upon receiving a denial request from the VA medical facility, the VHA Chief of Staff is responsible for:

(1) Coordinating with the Office of General Counsel and other relevant offices to decide whether the denial request should be approved.

(2) Informing the VA medical facility Director of this decision.

b. **VA Medical Facility Director.** The VA medical facility Director or designee is responsible for:

(1) Ensuring that stakeholders wishing to visit the VA medical facility provide information on the purpose of the visit and proposed activities during the visit no less than 72 hours in advance of the visit. **NOTE:** *The VA medical facility Director may request earlier notification at their discretion.*

(2) Ensuring that these stakeholders provide information about the number of individuals in the group; any special resource needs, such as a guide, parking, handicap access, and other information that the facility Director deems relevant. **NOTE:** *VA medical facility Directors are required to follow the requirements set forth in paragraphs 4 through 9.*

(3) Approving stakeholder requests to visit their VA medical facility or recommending that the requests be denied. (See paragraphs 4 and 7.)

(4) Briefing stakeholders on standards of behavior at their VA medical facility. (See paragraph 6.)

(5) Adhering to the VHA Chief of Staff's decision regarding a denial request. (See paragraph 5.)

(6) Completing and submitting a VHA Issue Brief in the event that stakeholders were asked and required to leave the VA medical facility. (See paragraph 9.)

c. **VA Medical Facility Service (or Section) Chief.** The VA medical facility Service (or Section) Chief is responsible for hosting an orientation session for the approved stakeholders upon their arrival at the facility.

4. DETERMINATIONS BY VA MEDICAL FACILITY DIRECTORS

a. VA medical facility Directors, in consultation with appropriate VHA Central Office personnel (including but not limited to: VHA Chief of Staff, VHA Assault and Harassment Prevention Office, and the Office of General Council), will determine if a stakeholder's visit agenda contains permissible or prohibited activities and whether a requested visit could impede patient care or Veteran services, could otherwise interfere with mission accomplishment, could infringe on patient or employee privacy rights, or could affect Veteran or employee well-being (such as create a hostile work environment).

b. Requested activities at a VA medical facility may be permitted or denied based on these determinations.

5. VA FACILITY DIRECTOR RECOMMENDED DENIAL OF VISIT REQUEST

a. Before recommending that a proposal for a stakeholder visit be denied, the VA medical facility Director must confer with District Counsel (formerly referred to as Regional Counsel).

b. If the VA medical facility Director determines that a stakeholder request to visit a VA facility should be denied, the request and basis for the proposed denial should be forwarded to VHA Chief of Staff at least 48 hours before the proposed visit and before the recommended denial is communicated with the stakeholder.

c. The VHA Chief of Staff will coordinate with the Office of General Counsel and other relevant offices and will inform the VA medical facility Director whether the denial is supported.

6. GENERAL REQUIREMENTS FOR STAKEHOLDER BEHAVIOR

a. Stakeholder visits must not disrupt VA's provision of health care and other services to our Veterans. Accordingly, VA medical facility Director must ensure that stakeholders understand standards for conduct while they are visiting the facility.

b. The hosting service (e.g., Public Affairs, Recreation Therapy, VA Center for Development & Civic Engagement (formerly Voluntary Service) should provide a brief informational session with the external organizations to provide orientation to the health care setting and Veteran patient population prior to the visit.

c. In addition, in order to protect patient privacy and promote a healing milieu, hold events in common areas whenever possible.

d. The following must be discussed with the stakeholder, with an understanding that violation of any of these may be reason for removal from the facility:

(1) Conduct on property which creates loud or unusual noise, or which unreasonably obstructs common spaces.

(2) Behavior that impedes or disrupts the performance of official duties by facility staff.

(3) Improper, loud, abusive, offensive or objectifying language or behavior. Objectification is defined as the lowering of a person, a being with humanity, to the status of an object." **NOTE:** *This definition is from Belmi, P., & Schroeder, J. (2020). Human "resources"? Objectification at work. Journal of Personality and Social Psychology.*

(4) Any activity that could be perceived as creating a hostile work environment under the harassment and sexual harassment definitions in VA Directive 5979, VA Harassment Prevention Policy, dated December 8, 2020.

7. ACTIVITIES THAT MAY BE CONSIDERED PERMISSIBLE IN VA MEDICAL FACILITIES

After a stakeholder visit has been approved by the Director or their designee, the following activities are among those that may be permitted:

- a. Touring the VA medical facility and its grounds.
- b. Interacting with patients (where medically appropriate), Veterans, and family members with their express consent and only in a way that does not interfere with the Veteran's care or facility operations.
- c. Appropriate physical interaction with patients and staff, i.e., elbow bumps or shaking hands may be permitted, but kissing or inappropriate touching is not permitted.
- d. Tasteful and respectful performances of music or other entertaining acts.
- e. Meeting with Veterans from the local community within the facility under appropriate circumstances.

NOTE: Appropriate circumstances are determined after consideration of, at a minimum, the following: receipt of prior notification; sufficient space being available; the level of interference with the VA medical facility's mission (such as care of patients and service of claimants) that may result; the potential distraction or interruption of employees from performing their official VA duties; and the VA medical facility Director's express approval of the meeting.

8. ACTIVITIES CONSIDERED PROHIBITED IN VA MEDICAL FACILITIES

To best serve America's Veterans, and to adhere to existing laws and regulations, the following activities are among those that are to be prohibited:

- a. Photography, video or audio recording, or other activity that interferes with facility operations or security.
- b. Photography, video or audio recording, or other activity that violates the privacy of patients, visitors, or employees.
- c. Conduct that is defamatory, discriminatory, sexually suggestive, or otherwise discomforting to a Veteran or employee cohort.
- d. Partisan political activities, as discussed in the July 8, 2020, OGC guidance (referenced in paragraph 1).

9. STAKEHOLDERS FAILURE TO FOLLOW THIS POLICY

- a. If during the visit the VA medical facility Director or their designee determines that the above policy is not being followed, the visitors will be asked to leave the VA premises.
- b. The incident must be reported through a VHA Issue Brief.

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VHA NOTICE 2021-08

10. All inquiries regarding this notice should be addressed to Ms. Lelia Jackson, Senior Advisor in the VHA Assault and Harassment Prevention Office, by sending an email to VHA_AHPO@va.gov and Lelia.Jackson@va.gov.

11. Please contact your District Counsel for general questions about this notice or OGC's Memorandum, Guidance on Stakeholder Visits, dated July 8, 2020.

12. VHA Notice 2020-08, Requirements for Stakeholder Visits to VA Medical Facilities, dated March 3, 2020 is expired.

13. This VHA notice will be archived as of May 31, 2022.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Jon Jensen
Chief of Staff

DISTRIBUTION: Emailed to the VHA Publications Distribution List on May 18, 2021.

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*