**Community Partnership Program for Veterans**

**Improving Access to Care and Services**

- Collaboration among community agencies on services and programs for Veterans
- Develop ways to engage Veterans about available services in their areas
- Goal to improve the utilization of available programs and services to Veterans, specifically hospice and palliative services

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**Partnerships**

- VA Hospital
- CBOC
- Veteran Service Organizations
- VA Field Representatives
- Mayor
- Judge Executive
- Hospital
- Long Term Care
- Public Library

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**Community Awareness**

- Benefits
  - Resource linkage of Veterans to available services
  - Improved understanding and coordination of services in rural communities
  - Consciousness raising on the potentially unique needs of Veterans at end of life
  - Enriched understanding of Veteran needs internally and externally

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**Strategies for Success**

- Veteran appreciation dinners/events
- “Driver” for the program
- Identifying the correct person at each organization/agency to get participation
- Internal organizational support
- Website, social media, brochures
**Challenges and Resolutions**

- Transition of Military History Checklist to EMR. - on-going education
- Defining clear indicators of “success.”

**Measurable Outcomes/Metrics**

- Military History Checklist to monitor demographics, utilization of hospice and palliative care services.
- FEHC survey to assess quality of care to Veterans
- Questionnaire at speaking engagements, events
- Report on website visits, social media

**Recommendations**

- Have a “driver” at your organization
- Integrate the military history checklist into your EMR and educate clinical staff on importance
- Utilize We Honor Veterans resources

**Community Partnership Program for Veterans Improving Access to Care and Services**

- **What is the CPP?**
  - Multiple community organizations and/or representatives who serve and/or encounter rural and/or homeless Veterans.
- **Brief Description**
  - Develop mechanisms to facilitate the transition of Veterans across multiple support systems available in the community.
- **Goals**
  - Centralized community resources
  - Develop reference material and disseminate throughout community
  - Immediate and sustained support services readily available
  - Raise awareness of Veteran related issues

**Partnerships**

**Community Awareness**

- **Benefits to the community:**
  - Open forum for multiple organizations in one setting
  - Discuss barriers from multi-tiered perspective
  - Develop universally recognized care plans within community to facilitate smoother transitions across multiple support systems
- **What has the community learned:**
  - How multiple organizations can assist Veterans with access to sustained support.
  - Increased awareness of Veteran related issues
- **How has it benefited Veteran?**
  - Improvement in Veterans access to care/services.
Strategies for Success

- What was the plan?
  - Identify the target groups we are trying to reach and develop tools they’d be most likely to use.

- What worked?
  2. Healthcare Providers/ VSOs: Quick Reference/Flip Chart/ Website
  3. VSOs and other community providers: Quick Ref. Chart/ Website

- What did it take to achieve success?
  - Monthly meetings
  - Multiple organization/ provider input.

Challenges and Resolutions

What didn’t work: Referral Form
(invasive)

How we resolved: “Brown Bag” and Quick Reference Guide

Measureable Outcomes/Metrics

How are we impacting/ improving care of Veterans?
- Military History Checklist completed on all patients.
- Veterans receive information about care and services
- Veterans are provided assistance with VA enrollment and or other services they may be eligible and entitled to receive from knowledgeable resource.

- How do you measure success?
  - FEHC Surveys completed on all Veterans show improvement in care provided qtr over qtr.
  - Y-O-Y comparison reveals increased number of Veterans who access care and services.
  - Monthly CPP meetings reports of success stories within community due to utilization of CPP resources.

Recommendations

- For replicating the model:
  - First- know what is going on in your community i.e., Vet statistics, barriers, population of Vets in areas.
  - Get involved with local VSOs
  - Enroll hospice in WHV and advance through the levels.
  - Research needs by consulting representatives’ (see CPP Model)
  - Form a core committee of representatives

- Lessons learned
  - “Keep it Simple” KISS Principle applies to this outreach
  - One type of tool won’t work for all- define who your target groups are and develop tools around what that particular group will most likely use and will be simple and easy to use.

Sustainability

- Maintaining and growing program:
  - Monthly Meetings
  - Develop “core” committee

- Ongoing, regular reporting to leadership and staff
  - Discuss success stories with team and with committee

- Staff education incorporation
  - Follow WHV Levels as guide for educating team.

- WHV resources, other resources
  - Utilize WHV resources and rep’s from VA, VSOs, and Service Officers as resources to assist with educating community providers.

- Fundraising, in-kind
  - Host a “We Honor Veterans” Fair
  - Ask local VSOs if they can assist

- Future plans: Develop templates for other counties to use in their community.

Building a Veteran-to-Veteran Volunteer Program

Janice Morrison, BSN, MSN
Community Liaison/Special Projects, Arkansas Hospice, North Little Rock, AR 72116

Tray Wade, MA, MHA
HCCI Care Services
West Des Moines, IA 50266
Building a Veteran-to-Veteran Volunteer Program

- **What it is**: Process for improving knowledge and understanding of veterans'/loved ones' needs throughout life's journey and at the end-of-life
- **Why it works**: Built-in comradery and trust shared among veterans enables them to communicate stories/fears
- **Goals**: Prepare volunteer veterans and others to educate and support veterans/loved ones through difficult times
- "Army of Citizens": Educate citizens about veterans to improve appreciation of and recognition for service.

Partnerships

- **Veterans Administration Hospital Staff**: Hospice/Palliative Care Clinical Champions, Palliative Care/Hospice Nurse Coordinators, Social Work Staff, County Veteran Service Officers, CBOCs,
- **Community Groups**: Lions, Rotary, Kiwanis, Elk
- **Veteran Support Networks**: Walk-in Clinics, Vet Centers
- **Military**: FW, American Legion

Community Awareness

- Community at large" has opportunity to become "an army of citizens" educated about veterans’ lives and how they may differ from non-veterans
- Veterans are provided with unique opportunities to interact with fellow veterans...thus
- Veterans get more support; share stories/fears through common language and code of conduct
- Through "Vet-to-Vet" communication, stoicism and secrecy dissolve encouraging life review/healing
- Veterans more likely to get help with benefits and learn about hospice as end of life care

Strategies for Success

- Recruit Veteran Volunteer Coordinator
- Build Partnerships
- Create Processes and Procedures
- Orient and Educate Staff
- Celebrate Success
- Patience...Patience...Patience

Challenges and Resolutions

- Practice Change
- Marketing and Promotion
- Scheduling and Orientation
- Recruitment of non-veteran volunteers
- Demonstrate benefits versus added work.
- Use grapevine; email
- Go slow; find a champion
- Educate upper management; get by in
- Talk with staff, partners and volunteers one-on-one to educate/excite

Taking the Program on the Road

- Step 1: Recruit/train "Teacher Vets"
- Step 2: Educate staff/volunteers using WHV PPTs, etc.
- Step 3: Spread The Word
- Step 4: Pilot Test
- Step 4: Presentations/visits with Peer Veterans

Don’t

- Verbally sell your hospice
- Use a “Veteran Volunteer” as a sales person
Measureable Outcomes/Metrics

- Document what veterans/loved ones are doing during presentations or visits
- Ask for & document feedback from veteran/loved ones following presentations or visits
- Create/keep tally sheet
- Conduct regular meetings with veteran volunteers to get feedback regarding successes and failures
- Learn ‘what to do’, ‘how to fix it’ from each other
- Make sure your “veteran” stays healthy physically and mentally

Recommendations

- Continue “veteran” education throughout agency to keep veteran concerns/issues top-of-mind
- Make “veteran” facts and issues a part of orientation for new employees
- Incorporate uniform guidelines throughout all service areas
- Develop “Best Practices” Policy
- Focus on sustainability

Sustainability

- Continue educational sessions
- Continue All Staff/Volunteer Veteran Orientation
- Continue to provide all staff with laminated reminder cards:
  - Front: Caring for Our Country’s Veterans
  - Back: Did You Know...
- Continue to provide staff with ‘hand out’ Thank You cards for veterans
  - Front: Thank You for serving...
  - Back: Contact information...
- Three fold pamphlets with benefit information/contact information

Sustainability

- Fundraising/in-kind support: Develop programs/flyers/letters showing it works!
- Talk, talk, talk about the program...
- Keep leadership engaged via monthly ‘Calendar of Planned Educational Events’
- Keep veteran concerns/issues top-of-mind with quarterly newsletter “The Vet”
- Use veteran volunteers as ‘grape vine’ to spread the word/ignite future excitement
- Schedule VA guest panel for Q & A session with staff
- On-going use of WHV program materials

Why Do a “Veteran-to-Veteran” Program

Foster Home Hospice

Molly Acree RN, Project Leader
Carol Glawn-King RN, Veteran Liaison
Mercy Hospice
Joyce O’Brien
LINK of Hampton Roads, Inc
Hospice Program for Homeless and Rural Veterans

• Finding & providing homeless veterans a homelike setting at the end of life.
• Volunteer adult foster homes become specially trained in unique needs veteran may have.

Goals:
- 3 Adult foster homes trained in veteran specific cares
- Place a minimum of 5 homeless and or rural veterans in suitable Adult Foster Homes.

Partnerships
Opportunities to promote quality end of life care in conjunction with:
- VA Medical Center – Roseburg
- National Hospice and Palliative Care Organization
- Sutherlin Lions Club - Moving Viet Nam Memorial Wall
- Lane County Stand Down Community
- Roseburg Rescue Mission
- Douglas County Adult Care Providers
- Numerous faith groups throughout the community
- Steelhead Run Adult Foster Home, L and D Adult Foster Home, Miller Manor Foster Care, Sandy Corliss Foster Home and Harmony Adult Foster Home

Community Awareness

• Training for Adult Foster Homes
• Education in a wide variety of venues in the community
• Anecdotes- Thanks from the veterans and care providers

Strategies for Success

• Recruiting adult foster homes by offering the opportunity to learn
• Become the local expert.
• Implement veteran specific training for all staff and now is included in new staff training
• “Grab” opportunities for community outreach and education
• Willingness to think outside of box.
• Willingness to be adaptable and listen!

Challenges and Resolutions

Challenges:
• Keeping project “manageable” size.
• Trial and error- learning where to focus energies
• Nay Sayers, political opinions and negativity

Resolutions:
• Utilizing resources provided by NHPCO
• VA system cumbersome, not always best place for results.
• Education, Education, Education!!!

Measureable Outcomes/Metrics

- 100% of Mercy Hospice staff have received Veteran specific training.
- 5 adult foster homes have received Veteran specific training
- >210 community members, and healthcare workers attended at least one presentation related to veterans and their needs
Recommendations

- Outreach to community and develop relationships with local discharge planners in all venues ~ essential to programs success.
- Getting community support was easy, working in the professional realm much more difficult.
- Creativity is important

Sustainability

- Annual education to adult foster homes.
- Annual veteran specific presentation to staff
- Veteran specific modules are included in staff and volunteer orientation.
- Adding veteran specific questions to FEHC
- Exercise fundraising opportunities
- Additional grant opportunities.
- Expanding to include more community outreach/education, getting veterans "to hook up" to VA system earlier.
- Developing further relationships with Veteran Service Organizations