





We Honor Veterans State Survey

Colorado

January 2012




Veteran Emphasis

Within the last two years, which, if any, of the following has taken place with your organization?

	MEAN		# of Resp	1 None	2 Little	3 Some	4 Fair amount	5 Great deal
Have increased our Veteran caseload	3.69		13	0 0%	1 8%	4 31%	6 46%	2 15%
Have received referrals from VA staff	3.31		13	3 23%	1 8%	2 15%	3 23%	4 31%
Have experienced increased awareness of the unique needs of Veterans	4.71		14	0 0%	0 0%	1 7%	2 14%	11 79%
Have found it easier to work with our local VA Medical Center or outpatient clinic	3.29		14	4 29%	1 7%	1 7%	3 21%	5 36%

VA/Community Interface

How do you rate your organization's understanding in the following areas?

	MEAN		# of Resp	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good
Benefits to which Veterans are entitled	4.31		13	0 0%	0 0%	2 15%	5 38%	6 46%
How to assist Veterans access their benefits	4.46		13	0 0%	0 0%	2 15%	3 23%	8 62%
How to assist Veterans enroll in VA	4.15		13	0 0%	1 8%	2 15%	4 31%	6 46%

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VA/Community Interface (cont.)

			1	2	3	4	5
		# of Resp	Very Poor	Poor	Fair	Good	Very Good
How to assist terminally ill Veterans with expedited enrollment in VA	3.69	13	1 8%	0 0%	5 38%	3 23%	4 31%
The needs of Veterans by war, trauma, or population	4.00	13	0 0%	0 0%	5 38%	3 23%	5 38%
Practical use of the Military History Checklist	3.92	13	1 8%	1 8%	2 15%	3 23%	6 46%
Key aspects of the VA's national hospice and palliative care program	4.00	13	0 0%	0 0%	5 38%	3 23%	5 38%
Key aspects of the hospice and palliative care program(s) of the VA Medical Center(s) closest to you	3.58	12	0 0%	3 25%	2 17%	4 33%	3 25%
Benefits of community organizations partnering with VA to better serve Veterans	4.08	13	0 0%	2 15%	0 0%	6 46%	5 38%

Business Relationship

How do you rate each of the following?





			1	2	3	4	5
		# of Resp	Very Poor	Poor	Fair	Good	Very Good
MEAN							
Your organization's ability to help Veterans access needed resources	4.13	15	0 0%	1 7%	2 13%	6 40%	6 40%
Availability of information outlining tools and processes hospices need to know to do business with VA	3.93	15	0 0%	1 7%	5 33%	3 20%	6 40%

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Business Relationship (cont.)

	MEAN		# of Resp	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good
Reliability and accuracy of contact information for the VA staff your organization needs to work with	3.79		14	1 7%	1 7%	3 21%	4 29%	5 36%
Approvals for VA-Paid hospice admissions to community hospice	3.85		13	0 0%	2 15%	3 23%	3 23%	5 38%
Approvals for VA-Paid hospice changes in levels of care	3.77		13	0 0%	2 15%	3 23%	4 31%	4 31%
Process for determining continued need for hospice services	4.21		14	0 0%	1 7%	1 7%	6 43%	6 43%

Reimbursement

	MEAN		# of Resp	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good
Timeliness of VA reimbursement for VA-Paid hospice care	3.09		11	1 9%	2 18%	4 36%	3 27%	1 9%
Access to reimbursement for all four levels of VA-Paid hospice care	3.40		10	0 0%	2 20%	3 30%	4 40%	1 10%
Your organization's experience in billing your local VA Medical Center	3.00		11	3 27%	2 18%	0 0%	4 36%	2 18%

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Continuity of Care

	MEAN		# of Resp	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good
Process to coordinate the transition of Veterans' care between your organization and your local VA Medical Center	3.55		11	0 0%	2 18%	3 27%	4 36%	2 18%
Process to coordinate VA-Paid admission to your organization's hospice inpatient unit	3.33		6	0 0%	1 17%	2 33%	3 50%	0 0%
Process to coordinate admission from the community to VA facility (inpatient HPC unit, acute care, long term care)	3.67		9	0 0%	0 0%	4 44%	4 44%	1 11%
Process to provide after-hour coverage for Veterans whose primary care is provided by a VA physician	3.20		10	0 0%	2 20%	5 50%	2 20%	1 10%

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Veteran Emphasis

We would like to establish a stonger relationship with local VA providers. Would also like to be able to get a hospice order from VA physician in a more timely manner.

Coordinating relationship with local clinic staff becomes stronger with time. A learning process for both parties.

Our organization has a collaborative relationship with the VAMC for greater than 18 years.

Business Relationship

Contact information in the form of a list for the local VA contacts, we were told does not exist.

Reimbursement

Some difficulty when the VAMC had a change in billing providers. Out contact with the VAMC helped our organization to work out these issues.

Continuity of Care

Our VAMC provides inpatient hospice services and does not refer unless they are full. If a veteran wants to utilize our inpatient it is not covered under VA coverage if they have services available. We look at options for medicare/medicaid and have a sliding scale so all patients have access is needed.