

CONTRACT NO.  
SOLICITATION NO.

VA-246-P-0312  
VA-246-08-RP-0234



## Reaching Out: Quality Hospice and Palliative Care for Rural and Homeless Veterans

### COMPREHENSIVE END-OF-LIFE CARE INITIATIVE BASE YEAR FINAL REPORT

National Hospice and Palliative Care Organization  
1731 King Street  
Alexandria, VA 22314

Phone: (703) 837-1500  
Fax: (703) 837-1233

## Deliverable 5: Executive Report

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### NHPCO

#### Vision

A world where individuals and families facing serious illness, death, and grief will experience the best that humankind can offer.

#### Mission

To lead and mobilize social change for improved care at the end of life.

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The following Executive Report was developed by the National Hospice and Palliative Care Organization, March, 2010.

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Reaching Out: Quality Hospice and Palliative Care for Rural and Homeless Veterans Executive Report by the National Hospice and Palliative Care Organization (NHPCO).

# Reaching Out: Quality Hospice and Palliative Care for Rural and Homeless Veterans

## Executive Report

### Introduction

In September of 2008, the National Hospice and Palliative Care Organization executed a contract with the Department of Veterans Affairs (VA) that launched an initiative to provide homeless veterans and veterans in rural and highly rural areas with access to quality end-of-life care. The contracted project, entitled “Reaching Out: Quality Hospice and Palliative Care for Rural and Homeless Veterans,” aimed to first gain insight about the end-of-life care needs of this specific population of veterans and then to implement community-based programs to address those needs.

The contract was designed to:

1. solicit proposals for innovative programs that foster VA collaboration with State Hospice-Veterans Partnerships, state hospice organizations, State Veterans Homes, hospices and other providers of care and services for veterans; and
2. provide recommendations to the Department of Veterans Affairs (VA) Hospice and Palliative Care Program to improve outreach to veterans and utilization of quality end-of-life care for rural and homeless veterans at the close of each grant period, over three years.

The base year contract called for the management of at least ten competitively selected proposals from community hospice organizations in collaboration with the Veterans Integrated Service Networks (VISN), VA Medical Centers (VAMC), and other VA facilities. The selected proposals were to outline programs that explore ways in which the needs of the target population could be identified and met. The programs who were awarded grant monies were to develop projects that could be sustainable and lend themselves to replication.

In November of 2008, NHPCO began to promote the initiative among community hospice organizations and State Hospice-Veterans Partnerships and released the request for proposals (RFP) for the “Reaching Out” grant to improve access to quality hospice and palliative care for rural and homeless veterans. By the close of 2008, proposals had been submitted by 41 “Reaching Out” applicants; in February of 2009, eighteen grants were awarded to end-of-life care programs in fifteen states. Implementation of project work generated both achievements and hurdles that NHPCO staff and grantees had not anticipated. This final report will outline



common themes identified by grantees in working with partners and the veterans themselves, project outcomes, successes and challenges faced over the nine months of “Reaching Out” work.

### *Project Outcomes*

The purpose of the “Reaching Out” initiative was straight-forward in its base year: partner community hospice and palliative care providers with the Department of Veterans Affairs (VA) to address end-of-life issues for homeless veterans and veterans living in rural areas. The measurable objectives set forth by the grantees to monitor their own progress in addressing end-of-life issues were uncomplicated and based on routine self-evaluation. “Reaching Out” project staff from each program was to collect baseline data, identify barriers to care, develop creative interventions, measure outcomes and evaluate success. Technical assistance was provided to the grantees by NHPCO staff via monthly conference calls, two in-person meetings and numerous telephone and email exchanges.

Project outcomes reported by all eighteen grantees often highlighted increased awareness, brought on by the establishment of partnerships. Awareness of veterans’ issues by hospices and community partners, along with both VA and hospice leaders’ increased knowledge about end-of-life concerns of rural and homeless veterans, are the valuable common outcomes among “Reaching Out” programs that have laid the foundation for access to end-of-life care for more veterans.

As a result of the eighteen grantee communities’ heightened awareness of their local veterans, veterans’ needs, and the benefits to which veterans are entitled, project staff from each grantee program has made efforts to implement practices that have resulted in positive programmatic changes, including:

- increased utilization of the Military History Checklist by hospice providers;
- improved coordination of care among providers;
- better identification and tracking of homeless veterans;
- increased use of technology to communicate with veterans; and
- an increased number of contracts between the VA Medical Centers and community hospices.

Grantees have demonstrated increased knowledge about the specific and unique needs of veterans through active participation with partners as well. Hospice programs reported increased awareness of and involvement in VA Stand Downs, for example. They have developed resources specific to various partners: veterans, the Department of Veterans Affairs (VA), hospice, law enforcement personnel, first responders, families, homeless shelters and soup kitchens. This proactive approach and accommodation among partners did not come easily to grantees; most struggled to develop relationships between hospice providers, VA personnel and homeless shelter staff. Continued involvement and dedication to a common goal, however,



fostered strong relationships that have become sustainable partnerships in the initiative to care for homeless and rural veterans at the end of life.

Reported outcomes that demonstrate sustainable partnerships include:

- an increased number of veterans enrolled with the Department of Veterans Affairs (VA) as a result of assistance from both the VA and community organizations;
- development of a veteran-to-veteran volunteer educational program in which 75 veterans were trained as teachers to facilitate communication about end-of-life care and benefits available to veterans;
- hospice programs hiring veteran outreach workers; and
- seven private host homes sheltering homeless veterans.

### *Themes*

#### *Communication and Partnerships*

The partnerships developed by grantees involved veterans and their families, VA Medical Centers (VAMC), community hospice providers, State Hospice Organizations, Veteran Service Organizations, VA Community Based Outpatient Clinics (CBOC), academic institutions, hospitals, law enforcement agencies, soup kitchens, first responders, homeless shelters and others.

Partnerships were generally deemed an important aspect of project work, but presented both community hospice providers and those not directly involved in the hospice community with unexpected challenges.

Communication between community organizations and their VAMC partners was not often smooth or integrated. The staff of the VAMCs and CBOCs seemed to have had limited internal communication about the “Reaching Out” grant and were uncertain about the involvement of the Department of Veterans Affairs in the end-of-life care for rural and homeless veterans initiative. In fact, “Reaching Out” grantees reported that voicemail or email messages to the CBOC or VAMC staff were often not returned; meetings were repeatedly cancelled due to lack of attendance by representatives from community agencies, CBOCs or VAMCs; and key partners missed deadlines for strategies and deliverables without notifying their project leadership.

Grantees noted that history and culture may have had a role in blocking productive communication between VA entities and hospice programs. Any partner may have been reluctant to take an active role in facilitating communication if they did not have a history of working with the VA or in the end-of-life care field, for example. In some cases, veterans reported their own reluctance to work with the Department of Veterans Affairs after having been dissatisfied with VA health care in the past. Cultural differences between some VA entities and



some end-of-life care providers became evident through such reports. In reference to the Department of Veterans Affairs, one veteran commented, “Nobody cares about us. If we tell someone that we have mental health issues, it’s a black mark against us and a sign of weakness.” The perception of the veteran that mental health issues indicate “weakness” is significant because it suggests an outlook specific to culture. While issues that hospice providers and veterans deal with at the end of life are not specific to culture, the perception of those issues can be. It is the difference in perception—cultural differences—that may have impeded otherwise fluid communication between end-of-life care providers and VA entities.

### ***Misconceptions of Homelessness, Veterans and the Department of Veterans Affairs (VA)***

“Reaching Out” grantees often reported their own misconceptions or misconceptions of their staff regarding the reasons for homelessness; at the outset of project work, many assumed that homeless people are illiterate, perhaps alcohol and drug abusers, and could be a risk to staff.

Grantees also reported their initial misconception about the quality of care provided in VA Medical Centers. In some VAMCs, enrollment for veterans reportedly took months rather than days; mental health issues, including PTSD, stigmatized the veteran in the eyes of the VAMC staff; and seriously ill veterans and their families were left to fend for themselves once they returned home. Conversely, the VAMC was reluctant to refer patients from VAMC care to hospice programs at the outset of grant work. VA staff reportedly questioned the quality of care that hospice providers were capable of providing veterans given their special needs at the end of life.

## **Challenges**

### ***Partnerships***

- Community hospice partners did not always perceive the importance of addressing veterans’ needs if that initiative did not significantly increase patient referrals. Some staff viewed related tasks, such as the utilization of the Military History checklist, as an addition to their already-full workload.
- Partners outside of the hospice industry were often reluctant to participate in “Reaching Out” projects because they did not want to be asked to market hospice or obligated to donate funds. Roles and expectations of each partner should be defined before program implementation and revisited periodically throughout the life of the grant.



## *Knowledge*

- Hospice staff and community providers have limited knowledge about the unique needs of veterans, and the VA, including the enrollment process, veteran status, burial resources, VISN-specific policies, and comprehensive resources available to veterans. The lack of familiarity with the Department of Veterans Affairs impeded effective communication as well.
- Grantees discovered a significant knowledge deficit about the homeless and homeless veterans among hospice leaders.
- VAMC staff mentioned that they had limited knowledge of hospice or other end-of-life services in the community.
- There was also a lack of knowledge apparent among veterans and their families, who were unaware of the benefits available to them in the community or through the VA.
- Grantees reported that veterans sometimes expressed skepticism about health care providers and institutions in general, and the VA in particular. Homeless veterans were often elusive, mistrustful, and too proud to ask for help. They lacked housing and transportation, had limited knowledge about who to contact regarding enrollment in the VA and changing their discharge status, and were often living with some form of mental illness.
- Partners noted the need for more information about community and VA resources.

## *Communication*

- For grantees, the Department of Veterans Affairs (VA) seemed at times too difficult to navigate due to general miscommunication such as inconsistencies in the interpretation of VISN and VAMC policies and the protection of information within VAMCs. Grantees found it difficult to identify champions within the VA because VA staff was not informed of the Reaching Out initiative or related work with NHPCO. In some cases this resulted in VA staff not being available to participate in project work. As hospice and palliative care champions and project directors have been identified in each VISN, this communication barrier should ease considerably.
- Another issue that developed is contracts between the VA and community hospices or long-term care facilities. Grantees discovered that contracts were often not in place; therefore, veterans could not be referred.



## *Access*

- Several veterans and staff of community organizations encountered barriers when they attempted to access resources and services from the VA, finding little or no help navigating the VA system.
- Some veterans, hospices and community partners reported that VA policies were often interpreted differently across VISNs, VAMCs and CBOCs.
- In order to make services accessible, transportation is often a necessity. The lack of public transportation in rural areas and lack of available communication technology makes accessing services and resources impossible for many.

## *Grant Structure*

- The timeline of the grant was an obstacle for “Reaching Out” grantees. Nine months was reportedly not sufficient time to develop a project, implement strategies and carry out a successful work plan for community providers and partnerships.
- Many barriers and issues specific to the culture of both the VA and the hospice required significantly more time to address than the nine months allowed by the grant.
- Several grantees noted that the reporting requirement, which included nine monthly reports, three quarterly reports and a final report, was burdensome, given the amount of time allotted and the amount of funds awarded.
- Some grantees reported that the RFP process did not allow sufficient time to engage as many partners as they would have liked.
- Advertising and marketing issues, technical obstacles, economic recession, staff turnover, and referral issues all, at times, impacted progress for the partners.
- Aspects of the partnerships were also challenging. Lack of follow through by partners, staff transitions within partner agencies, project partners’ inconsistent participation in meetings, and communication issues all complicated the timelines and timeliness of project completion.

## **Lessons Learned**

It has become apparent that end-of-life needs of homeless and rural veterans have slipped through the cracks of the hospice community for many years. NHPCO is pleased to add to the knowledge base about the care of homeless veterans and veterans living in rural areas, particularly their care needs at the end of life. Given the specific population that grantees addressed throughout this process and the focused nature of grantee work plans, barriers to care for homeless and rural veterans were easily identified. Grantees were eager to share lessons learned through addressing these barriers in group discussions and written reports.



### *Regarding Veterans*

- Veterans trust one another more than they do anyone else.
- Veterans are often reluctant to talk about their enrollment status.
- Women veterans need further attention.
- From community to community, state to state, and region to region, there is a great variance in outreach to veterans and the quality of care that veterans receive.
- The discharge status of those who were less than honorably discharged can be changed in order to facilitate enrollment.
- Terminally ill veterans can have their enrollment expedited; some VAMCs turn enrollments around for terminally ill veterans within 24-48 hours.

### *Regarding Homeless Veterans*

- Many stereotypes of homeless veterans exist.
- Homelessness is more a product of dysfunction than lack of shelter.
- Homeless individuals, when thinking about their own mortality, are concerned with many of the same issues as the rest of the population.
- People who lack shelter cannot think about anything else until they have a place to live.
- Identification of homeless veterans and homeless veterans with a life-limiting illness proved to be a barrier to care; most homeless veterans are not enrolled in the VA.
- Medical technicians, first responders and emergency police should be considered when distributing information to homeless veterans.
- Mailing addresses for homeless veterans need to be considered.
- The offer of food is an important inducement when scheduling meetings.
- The language used when discussing and describing homelessness is extremely important, especially when speaking with those who are living without shelter.

### *Regarding Partnerships*

- Partnerships are vital as a way to maximize resources and meet the complex needs of veterans.
- Open, honest, respectful communication is the key to a successful partnership.
- Hospices could benefit from regular contact with veteran service organizations.

### *Regarding Hospices*

- Hospices' concerns about the VA were similar to concerns about any large healthcare entity.
- Hospice and VA staff can be reluctant to pass the care of their patients to other organizations.



- Finding champions within hospice organizations makes a difference in the success of our work with veterans.
- All staff members who are asked to work with individuals at the end of life require some hospice orientation, even training for IT personnel.
- Appropriate attire needs to be considered when working with certain populations. More formal attire can be off-putting to some people and could be considered a barrier.
- Motivation always needs to be assessed when certain services are offered in the private sector.

### *Pearls from Grantee Final Reports*

- Hospice staff who were “flower children” in the 60’s anti-war movement are finding themselves caring for veterans who participated in an unpopular war. This could present challenges; however, it could also be an opportunity for both staff and veteran to do some healing. One eye-opening comment from a veteran; “Many hospice folks were the flower children of the past, anti-war and anti gun; this is a tough mix with a vet as the patient.”
- As one grantee was talking to a Vietnam vet, he said “You know vets are very patriotic people and hospice should try to have patriotic people work with them.” Sounds so simple and yet, this act alone would improve care for the vet. Many feel that patriotism means more than waving good-bye when someone goes off to war. Some have come to realize that care and support for men and women in uniform should be during their military service and the rest of their lives.

### **Self-Assessment of Base Year**

*Performance, cost, schedule, and commitment to customer satisfaction*

- **Accomplishments:** Even with a nine-month time frame, the grantees had significant accomplishments. However, because the grantees started at such a basic level in this project, measurement of structure, process and outcome measures was not possible, except in a very basic way, mostly measuring attendance numbers and distribution of developed materials. Those numbers can be found in each grantee’s final report.
- **Schedule:** The project took longer to get going than expected, including RFP development, grantee selection, and grantee start up. However, projects showed innovation and creativity from the beginning and were able to build relationships with the VA, with other health care providers in the community and with veterans to develop successful projects.
- **Grantee Starting Points:** As proposals were reviewed, it became evident that the grantees were starting at a much more basic level than was anticipated when the contract was awarded. The project team adjusted their expectations and worked to identify the knowledge base that grantees had and worked intensively with them to create successful, replicable projects.



- **Cost:** Each grantee used their grant dollars responsibly, used the grant dollars to leverage other contributions, and came in on budget or slightly under budget. In two cases, grantees were given no-cost extensions to complete grant work that had been planned but not completed.
- **Commitment to Customer Satisfaction:** NHPCO is very committed to excellence in customer service for all services provided to NHPCO. Customer service for grantees was met in the following ways:
  - Each grantee had a monthly (or sometimes more often) technical assistance call with project staff to review the status of the project and next steps.
  - Grantees had two in-person meeting opportunities to present their projects, exchange ideas, share frustrations and meet with project staff and VA staff. Grantees rated these meetings as very helpful in building their projects.
  - Each grantee submitted monthly and quarterly reports. NHPCO project staff was able to track progress of the projects through these written materials. Grantees reported that the frequent reporting requirements for such a small grant were “burdensome.”

### *Recommendations for Option Year 1*

During the base year of “Reaching Out” grant work, issues that homeless and rural veterans encounter on a daily basis, as well as the many challenges veterans face when trying to access end-of-life care, have come to light in the hospice community. The work of these eighteen programs has only scratched the surface. Recommendations for Option Year 1 include:

1. Continue to work with a subset of these grantees to develop “replicable models.” That work has begun, and will be significant in advancing our understanding of homeless veterans and veterans in rural areas.
2. Feature the work of the grantees in print and web media so that other hospice providers can begin to “gear up” in their attention to veterans issues.
3. While this project just touched on the Military History Checklist, work to formalize its use among hospice providers as a part of the admission process.
4. Use the information gleaned from the survey conducted among hospice providers to plan for additional attention on the needs of veterans at the end of life. Add questions about veterans and veteran status to other data collection efforts at NHPCO.
5. Continue the broader focus on serving veterans at the end of life. If we learned anything in the base year of this project, it was that these projects are a “drop in the bucket” or “ripple on the pond” for what can be done to support veterans at



the end of life in the community. The “We Honor Veterans” campaign will offer a broader web, print and educational focus to bring fresh attention to these needs.

### **Overall Recommendations and Reflections**

As existing partnerships between the Department of Veterans Affairs and the hospice community strengthen, and as new partnerships develop, we offer the following recommendations.

#### ***VA Information and Policies***

- Work to develop a seamless delivery system for end-of-life care that supports both care at VAMCs and care in the community.
- Shorten the enrollment time for veterans who are terminally ill or consider a way to expedite the enrollment.
- Continue to clarify guidelines for hospice and palliative care reimbursement.
- Develop guidelines for community inpatient hospice placement and reimbursement for veterans in rural areas when the closest VAMC is too far for families to travel.
- Encourage the Department of Veterans Affairs (VA) to work with the newly-appointed VISN clinical champions and program directors to foster ways to work with community providers.
- Help community providers understand the guidelines for changing a terminally-ill veterans’ discharge status in order to enroll the veteran.

#### ***VA Communication and Education***

- Enhance medical and psycho-social education about veterans and the specific medical, mental health and psycho-social issues that accompany each war era.
- Focus more attention on gender issues.
- Develop clear communication pathways between VA staff and hospice staff.
- Develop a template that community providers can use to conduct community focus groups with veterans and their families. This would produce valuable information for the community and help identify gaps in service delivery.

#### ***Resources for Veterans***

- Provide access to transportation for veterans in rural areas.
- Provide veterans with greater access to end-of-life care resources, which will allow veterans and their families to make more informed decisions about their care.
- Recycle technology for use by homeless veterans.
- Create “patient navigators” to assist veterans who are entering the healthcare system and seeking end-of-life care and services. Patient navigators could be volunteers or other veterans who know the system.



### ***Resources for Community Providers***

- Consider veterans' stories as a routine part of healthcare assessment.
- Create additional guidelines and veteran-specific resources for community healthcare providers about how to advocate for veterans.
- Enhance community education about veterans' issues.

### ***NHPCO Focus on Veterans***

- Highlight the attention to veterans' issues and best practices in the latest edition of the *NHPCO Standards of Practice for Hospice Programs*.
- Prominently feature work on veterans' issues, including the grantee projects on the NHPCO website, in on-line materials, in educational offerings, and in print.
- Encourage hospices to provide education about VA and veterans' issues to their staff.
- Encourage hospice programs to hire veteran outreach workers.

## **Conclusions**

We have only begun to address veterans' issues from a community perspective, and meeting veterans' needs as they near the end of life is an issue that will evolve as veterans' needs change. Vietnam veterans and veterans from recent wars are presenting the healthcare system with unique challenges that community providers may not have seen among WWII veterans. The issues that veterans and their families face are complex, changing and require an interdisciplinary and interagency approach for effective care.

The knowledge and experience gained during this base year of grant work has empowered NHPCO to lead the hospice community in continuing to ask the question: "What do our veterans need at the end of life and how can we prepare for that?" The work of our eighteen grantees provides us with our first glimpse of the work ahead, and we look forward to using what these grantees have learned to expand the reach to the veterans' population in other communities. We will continue to learn from grantees and the project work in Option Year One, the second year of "Reaching Out: Quality Hospice and Palliative Care for Rural and Homeless Veterans" grant work. The outcomes of the "Reaching Out" projects will be distributed within the hospice community, the VA community and the general healthcare community.

*Special thanks to the Department of Veterans Affairs (VA) for giving NHPCO and its grantees an opportunity to identify ways to serve homeless veterans and veterans in rural areas, to learn what we did not know, and to become more sensitive to the needs of a population so deserving.*



## Tip Sheet 1: Professional Development and Resource Series

*This tip sheet was developed as part of the Reaching Out: Quality Hospice and Palliative Care for Rural and Homeless Veterans grant, made possible through a contract with the Department of Veterans Affairs (VA).*



### CREATING GOOD COMMUNITY PARTNERSHIPS TO SERVE VETERANS

#### Involve Your Community

- Be inclusive! Invite all organizations who share this work to join the partnership because you are looking for champions in all areas.
- Involve the State Hospice Organization or the Hospice Veterans Partnership whenever possible.
- Involve veterans service organizations whenever possible.
- Create a steering committee for your project. Use these members as ambassadors to invite other partners to the table.
- Create an identity for the partnership (brochure, logo, name of partnership).
- Enlist organizations who serve the homeless, and invite them to become key partners.

#### Communicate

- Establish relationships with at least one contact from each partner organization.
- Establish on-going and regular communication with all partners.
- Schedule appropriate meeting times and venues. Location is significant!
- Set ground rules for meetings – respect the expertise and points of view of all participants.
- Distribute minutes to all partners in a timely fashion, especially those partners who could not attend.
- Offer to conduct an orientation program for partners and their staff. Continue ongoing education about veterans' needs and issues.



- Face-to-face meetings with a carefully planned agenda are the most effective.

### **Set Goals**

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- Invite veterans who have been identified in your community to tell their stories. This is a major motivator.
- Be sure all partners understand that the approach to comfort-focused end-of-life care for veterans has psychological and spiritual components that may be unique. Focus on identifying and educating about these needs.
- This is a longer process than one year. Set both short and long-term goals.
- Work toward achieving consensus on goals and outcomes for your partnership. Always remember why you are doing this work, and keep the long-term needs of veterans and their families in mind.
- Be patient!

*Find resources online at [www.nhpco.org/veterans](http://www.nhpco.org/veterans)*

## Tip Sheet 2: Professional Development and Resource Series

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### BUILDING RELATIONSHIPS WITH THE VA MEDICAL CENTERS (VAMCS), VETERANS' SERVICE ORGANIZATIONS (VSOS) AND COMMUNITY BASED OUTPATIENT CLINICS (CBOCS)

#### Involve the VA from the Beginning

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- Invite and encourage the VA and community hospice staff to be active participants in the partnership.
- When first approaching the VA Medical Centers (VAMCs) or a veterans service organization (VSO), take a veteran with you. This might give the interaction more credibility.
- Identify champions within the state Veteran's Home system, the Veterans Service Organizations (VSOs) and the VA Medical Centers (VAMCs).
- Because you will have frequent interaction with case-managers, establish good working relationships with them.
- Ask for contact names of the palliative care staff at the VAMC.

#### Learn

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- Do your homework! Learn as much as possible about the VA. Make every effort to understand their work and their challenges. Learn as much as you can about the VA and veterans' groups in order to more realistic expectations.
- Learn about health care reimbursement and other benefits for veterans, including hospice and palliative care.
- Those who work with the VA are committed to quality palliative care. Work to identify the staff at the VA who are most knowledgeable.
- Ensure that all partners are informed and knowledgeable about one another's work.

- Assess who knows what! Ask each partner to identify perceived barriers that might impact the success of the partnership.
- Learn about the Veterans Integrated Service Network (VISN) policies and procedures. Each VISN within the VA network is fairly autonomous.
- Learn about the veteran enrollment process and how your hospice staff can encourage expedited enrollment for terminally ill veterans.

### **Communicate**

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- Always be respectful of communication patterns with all partners, and don't hesitate to initiate dialogue.
- Encourage all partners to be consistent with messaging.
- When faced with challenging issues, have a procedure in place for "problem-solving."
- Establish relationships with senior leadership of each partner organization. Send them frequent updates.
- Establish regular communication with the CBOC and circulate contact lists to partners and other interested parties.
- Let the VA and other partners know how much their involvement is appreciated!
- Listen carefully to VA language. Note their acronyms and learn to speak their language.
- Understand time commitments and limitations, and focus on manageable tasks.

### **Participate**

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- Visit Veterans Service Organizations, like the Veterans of Foreign Wars (VFW) and the American Legion, and offer speakers, newsletter articles and/or other resources.
- Bring the community-based out-patient clinics (CBOCs) into the discussion. Learn about their policies and procedures and share information about hospice, if they are unaware.
- Develop relationships with CBOC staff and visit regularly.
- Provide the VA with something of value – training programs, resource materials focused on end-of-life care, etc.
- Use patient/consumer needs as an opportunity to work collaboratively.
- Learn about and participate in Stand Downs at the VAMC. This is an excellent opportunity to network with providers and meet veterans who are homeless.
- Invite VA representatives to visit your hospice program, teach your staff about veterans' issues, and/or participate on committees and boards.

- Invite VA staff to offer presentation/s at hospice meetings.
- Visit the palliative care team and the inpatient area at the VAMC.
- Provide hospice contact lists to VA facilities and clinics.
- Encourage all partners to share appropriate research and data about rural and homeless veterans.

### **Evaluate**

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- Evaluate your present services to veterans. Identify what needs veterans have, how you identify veterans that are receiving services, and what you can do to expand your services to meet their needs.
- Conduct focus groups with veterans and their families to identify existing gaps as well as what is working effectively.
- Evaluate existing contracts between VAMCs and community-based hospice programs. When appropriate, negotiate additional contracts to be sure veterans are well served.
- Don't underestimate the importance of celebrating your successes!

*Find resources online at [www.nhpco.org/veterans](http://www.nhpco.org/veterans).*



## Tip Sheet 3: Professional Development and Resource Series

*This tip sheet was developed as part of the Reaching Out: Quality Hospice and Palliative Care for Rural and Homeless Veterans grant work, made possible through a contract with the Department of Veterans Affairs (VA).*



### ENGAGING VETERANS

#### Your Approach

- Give veterans an opportunity to tell their stories.
- Respect veterans' service, their feelings, and any suggestions they might offer.
- Thank veterans for their service to our country.
- When approaching veterans for their participation, consider bringing another veteran with you.
- Show appreciation for the families of veterans.
- Always be sincere, caring, compassionate and ready and able to listen to what a veteran or his or her family member has to share about the situation they are dealing with. Be supportive and non-judgmental and always validate their feelings and concerns.
- Be honest, sincere, caring and respectful.
- Accept, without judgment, the veteran as he/she is.
- Keep a camera handy.
- It might take longer for some veterans to trust you. Be patient and listen.
- Expect the veteran's sharing to occur over a period of time.



## Reach Out

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- Recognize veterans at the beginning of meetings. Find opportunities to honor veterans for their service.
- Consider utilizing technology to reach veterans (cable television, other media, social networking, and internet).
- Identify hospice staff that are veterans themselves, and engage them in developing the Hospice Veterans Partnership.
- Reach out to Veterans Service Organizations (VSOs), such as the American Legion, Veterans of Foreign Wars, Gold Star, etc.
- Be available to provide additional support and/or offer additional resources as necessary.
- Offer Veteran's Day recognition.
- Identify hospice volunteers who are veterans and involve them.
- Presenting a recognition pin, in a small personalized ceremony, can be powerful.
- Veteran volunteers have the enthusiasm and connectivity to do regular outreach and rounding with informal referral sources like Veteran Service Organizations, shelters, and homeless coalitions.

## Learn

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- Listen to the veteran's story, and, if possible, ask if you can record it. Validate their experiences and feelings.
- Participate in activities where veterans are present. Work to establish trust with veterans. Learn from them!
- Listen carefully to veterans' beliefs, customs and faith. This will tell you a lot about who they are. If they don't have any particular religious orientation, which many people don't, just listen.
- If a veteran is able to share and expresses his/her emotions, be prepared to give comfort and reassurance. If you have never walked in his/her shoes, don't say, "I know how you feel." unless you have lived a similar experience. Otherwise, you can say, "It must be (or has been) very difficult for you...I can only imagine what it is (or was) like."



- Remember that a homeless veteran may or may not have chosen to be homeless for a variety of reasons. Don't try to fix the reason. Just listen and try to learn more about the veteran's story.

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### **Educate**

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- Be sure the project leadership is informed about veterans' issues.
- Provide appropriate resource materials to educate veterans, their family members, and friends, about hospice and palliative care services in the community. Explain how those services might meet their needs.
- Reach out to retired veterans and educate them about reimbursement for end-of-life care and other benefits for which they may be entitled.
- Identify individuals on your staff who are willing to champion veteran's issues.
- Attend and participate in Stand Downs, Health Fairs, and any other forum that provides an opportunity to present and share information to veterans.
- Involve veterans in your work when possible.
- Don't "tell" someone what they should do. Ask questions like, "Have you ever thought about this?" "What do you think might happen if...?" "What do you think you need and what would you like?" "Would you mind if I suggested something for you to think about?" Questions like these keep "control" in the hands of the person you are talking to.
- Be aware of the resources and benefits that are available to veterans. Assist them in making contact with these resources or accessing their benefits. Go with them if requested.
- Be a resource partner for the Veterans Service Organizations in your region.

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### **Veterans as Patients**

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- Ask all patients about veteran status and use the Military History Checklist. Adjust your care plan to specifically meet the needs of veterans who are patients. (See [www.nhpco.org/veterans](http://www.nhpco.org/veterans).)
- During the admission and assessment process, ask if their name has changed since their service in the military. This makes locating records much easier, but is not a routine question for most caregivers.



- Pay careful attention to the individual needs and personality of each veteran. Assign staff and volunteers who can interact effectively.
- Educate staff about the wars and conflicts that veterans have experienced as well as the benefits to which they may be entitled.
- Encourage staff to listen carefully to a veteran's positive and negative experiences. For example, encourage veterans to share how they were treated when they returned home.
- Stoicism is often exhibited by veterans. Assist them in guiding their own plan of care.
- If mental health issues are a barrier, professional interventions may be needed. Assist the veteran in getting the resources that they need.

*Find resources online at [www.nhpco.org/veterans](http://www.nhpco.org/veterans).*