We Honor Veter	ans State Survey
Georgia	January 2012
<b>Demographic Information</b>	
What is seen and is also also and a seen because at the West and State and S	

Demographic Information																
What is your organization's curre	ent enrollment %	status in the W	e Ho	nor Vet #	teran's camp	oaign	1?		#	%					#	%
I'm not familiar with											Ι	don't k	now wl	hat level		
the We Honor	19%	Level 1 Pa	rtner	4	13%			Level 3 Partner	5	16%	1	uon t k	110 11 111	we are	3	9%
Recruit 7	22%	Level 2 Pa	artner	1	3%			Level 4 Partner	1	3%		Not	•	hope to ify soon	5	16%
What type of organization are you	u?					#	%								#	%
					ing hospice	17	53%							hospice	7	22%
			Hosp	oital-ba	sed hospice	5	16%				Other hed	ilthcar	e organ	itzation	3	9%
Is your organization urban, rural	, mixed					#	%								#	%
or highly rural?					Urban Rural	3 7	9% 22%						II; ahi	Mixed y Rural	21	66% 3%
					Kurai	,							підпі	y Kurai	1	3%
Does your organization serve Vet rural areas?	erans in	Yes	# 28	% 88%	No	# 4	<b>%</b> 13%									
Indicate VISN identified in service	e area		#	%		#	%		#	%						
		VISN7	11	61%	VISN8	3	17%	VISN9	4	22%						
Driving distance (miles) from you	ır		#	%		#	%		#	%		#	%			
organization to nearest VA Medic		0 - 10	3	9%	11 - 20	4	13%	21 - 40	9	28%	>40	16	50%			
Driving distance (miles) to neares	t VA		#	%		#	%		#	%		#	%			
outpatient clinic		0 - 10	8	25%	11 - 20	9	28%	21 - 40	8	25%	>40	7	22%			
Type of formal relationship, if an	v von		#	%		#	%		#	%		#	%			
have with your local VA Medical	• - •	Contract	5	16%	PA	5	16%	None	19	61%	Other:	2	6%			
•			.,			.,						_	0,0			
Does your organization participal Hospice-Veteran Partnership?	te in a	Yes	# 14	% 44%	No	# 18	% 56%		1		2	2		4		_
Hospice-veteran i artnersing:		Tes	14	4470	NO	10	30%	# of	1		2	3		<b>4</b> Fair		<b>5</b> Great
		MEAN						Resp	None		Little	Some		amount		deal
How much emphasis do you feel y		4.00						32	0		4	7		6		15
organization places on end-of-life Veterans?	care ior							_	0%		13%	22%		19%		47%

Positive (4+5)

**KEY:** Negative (1+2) Neutral (3)

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Veteran Emphasis							
Within the last two years, which, if any, of the follo	owing has taken place with your organization?		1	2	3	4	5
		# of	* Y	* 'm'_	9	Fair	Great
	MEAN	Resp 32	None 7	Little 7	Some 12	amount 2	deal 4
Have increased our Veteran caseload	2.66	34	22%	22%	38%	2 6%	13%
lave increased our veteran caseroad		•	22/0	<i>44</i> / 0	30/0	070	13/0
	2.44	32	10	8	8	2	4
Have received referrals from VA staff	2.44		31%	25%	25%	6%	13%
		32	4	4	7	9	8
Have experienced increased awareness of the unique needs of Veterans	3.41		13%	13%	22%	28%	25%
1							
Have found it easier to work with our local	2.32	31	14	5	5	2	5
VA Medical Center or outpatient clinic			45%	16%	16%	6%	16%
VA/Community Interface How do you rate your organization's understandin	na in the following great?		1	2	3	4	5
10w 40 you rule your organization's understanding	g in the following areas:	# of	Very	<b>4</b>	J	7	Very
	MEAN	Resp	Poor	Poor	Fair	Good	Good
	3.43	30	3	3	9	8	7
Benefits to which Veterans are entitled	3.43		10%	10%	30%	27%	23%
	2.50	29	2	4	11	8	4
How to assist Veterans access their penefits	3.28		7%	14%	38%	28%	14%
		20	2	4	12	6	5
How to assist Veterans enroll in VA	3.27	30	2 7%	4 13%	13 43%	6 20%	5 17%
10w to assist veterans enron in va			/%0	1370	4370	2070	1/70

		onor Veterans State Survey	7				
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VA/Community Interface (cont.)		# of	<b>1</b> Very	2	3	4	5 Very
		Resp	Poor	Poor	Fair	Good	Good
TT 4 144 1 11 11 T7 4 141	2.15	30	2	7	10	6	5
How to assist terminally ill Veterans with expedited enrollment in VA	3.17		7%	23%	33%	20%	17%
The needs of Veterans by war, trauma, or	3.10	30	3	5	10	10	2
population			10%	17%	33%	33%	7%
			6	4	5	6	8
Practical use of the Military History Checklist	3.21		21%	14%	17%	21%	28%
Key aspects of the VA's national hospice	2.97	30	7	6	3	9	5
and palliative care program	2,57		23%	20%	10%	30%	17%
Key aspects of the hospice and palliative	2.97	30	6	6	6	7	5
care program(s) of the VA Medical Center(s) closest to you			20%	20%	20%	23%	17%
Benefits of community organizations	2.05	30	5	6	7	9	3
partnering with VA to better serve Veterans	2.97		17%	20%	23%	30%	10%
Business Relationship							
How do you rate each of the following?			1	2	3	4	5
	MEAN	# of Resp	Very Poor	Poor	Fair	Good	Very Good
		30	4	2	11	7	6
Your organization's ability to help Veterans access needed resources	3.30		13%	7%	37%	23%	20%
Availability of information outlining tools	3.03	29	5	3	11	6	4
and processes hospices need to know to do business with VA	3.03		17%	10%	38%	21%	14%

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Business Relationship (cont.)		# of	1 Ver	2	3	4	<b>5</b> Very
Reliability and accuracy of contact information for the VA staff your organization needs to work with	MEAN <b>3.03</b>	Resp 30		r Poor 5	Fair 6 20%	Good 8 27%	Good 5 17%
Approvals for VA-Paid hospice admissions to community hospice	3.03	29	7 24%	4 % 14%	5 17%	7 24%	6 21%
Approvals for VA-Paid hospice changes in levels of care	3.00	29	7 24%	4 % 14%	6 21%	6 21%	6 21%
Process for determining continued need for hospice services	3.28	29	6 21%	2 7%	6 21%	8 28%	7 24%
Reimbursement			1	2	3	4	5
Timeliness of VA reimbursement for VA- Paid hospice care	MEAN <b>2.83</b>	# of Resp 23		r Poor 3	Fair 7 30%	Good 7 30%	Very Good 1 4%
Access to reimbursement for all four levels of VA-Paid hospice care	3.04	24	4 17%	4 % 17%	5 21%	9 38%	2 8%
Your organization's experience in billing your local VA Medical Center	3.14	22	4 18%	3 14%	5 23%	6 27%	4 18%

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Continuity of Care			1	2	3	4	5		
	MEAN	# of	Very Poor	D	Fair	Good	Very Good		
Process to coordinate the transition of	MEAN	Resp 27	5	Poor 6	7 rair	5	4		
	2.89	21	3 19%	22%	26%	19%	15%		
Veterans' care between your organization and your local VA Medical Center			1970	22/0	2070	1970	13/0		
Process to coordinate VA-Paid admission	2.68		6	3	4	3	3		
to your organization's hospice inpatient unit	2.00		32%	16%	21%	16%	16%		
Process to coordinate admission from the	• • • •	25	4	4	8	6	3		
community to VA facility (inpatient HPC unit, acute care, long term care)	3.00		16%	16%	32%	24%	12%		
Process to provide after-hour coverage for	2.68	25	5	8	5	4	3		
Veterans whose primary care is provided by a VA physician	2.00		20%	32%	20%	16%	12%		

## **We Honor Veterans State Survey**

Written Comments January 2012

### Georgia

### **Veteran Emphasis**

Our Hospice is in the beginning stage of going thru the process of becoming a WHV level 1 Partner status. The info on how to educate staff & volunteers from the NHPCO is excellant. Getting our State VA Medical Centers to recongize our hospice as a resource for local Veterans has been difficult. Case Managers said, ""VA Centers are not taking contracts unless our hospice has an inpatient facility. This is discouraging because our local hospice cares for families in their homes. Our hospice doesn't have an Inpatient facility currently but may in the future. My goal is for the VA medical centers to have info on our hospice for Veterans that want to stay home when choosing end of life care. How can our hospice be on the State VA medical Center list of hospices that VA's can choose from?

Contacted our local VA Medical Center to give resource info. about our hospice in our community and the VA reps. said, They will not refer to hospice, unless they have a contract. I replied, Well I need a contract? VA replied, They are not taking new contracts. Veterans who live in certain counties will not be referred to a local hospice by the VA Medical Center. This is disppointing to hear when our community hospice can take care of Veterans in their home if they choose to stay at their own home. I'm still contacting Dept. of Labor for Veterans and I will get in touch with as many Veterans organizations as I can to educate our local Veterans about hospice care.

Doing better with VAMC than with local clinic

Not sure which VISN supports our area. Not sure I have heard it in discussions with our representatives from the VA

We have had a few VA patients but are confused at the payor source and coordination of care between the VA and hospice responsibilities

We have and will continue to serve Veterans but these patients are referred to us from local physicians. It is greater than 50 miles to the Atlanta VA and some of our patients have received services there but they tend to have a primary physician in the area due to the distance. Our agency has our first meeting to start a veterans recognition program in December 2011.

Our referrals come from VA Hospital in Gainesville, FLA.

We have an inpatient unit that we would love to designate for Veterans....we are greater than 50 miles to the nearest VA hospital. We are currently working to establish relationships with our local veteran groups and are continuing to educate staff, volunteers, and the community.

We have worked with our local VAMC for many years and are proud to be a partner in caring for Veterans.

### VA / Community interface

I would welcome the opportunity to work with the VA.

Use Allscripts software to enter veteran information instead of the Military History Checklist. They are very similar.

We were not aware of most of the above

# **We Honor Veterans State Survey**

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## Georgia (cont.)

#### **Business Relationship**

There have been very few VA paid admissions. There is a problem when the need arises for respite or inpatient care. The VA appears to not understand the difference between a Hospice Inpatient unit and a Nursing Home. We have had to send send respite patients to a nursing home and patients needing inpatient care to the VAMC, which is in another state rather than admitting them to our inpatient unit.

We are unclear of the guidelines

Our limited experience with the VA system as it relates to hospice does not allow me to rate this any higher.

#### Reimbursement

We are a new hospice company with VA hospice care.

### **Continuity of Care**

VA does not seem to recognize the difference between a Hospice Inpatient Unit and a Nursing Home or Hospital and would rather send patients there.

Local VA hospital and clinics have not referred to us