

2011

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

Option Year Two:

September 19, 2010 – September 18, 2011

Grantee Final Reports



Reaching Out: Quality Hospice and Palliative Care for Rural and Homeless Veterans, 2011

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The following reports were compiled by the hospice organizations that received grants in Option Year Two.

Option Year One Grantees described their continuing Reaching Out projects, implemented January, 2009 through September, 2010.

Option Year Two Grantees described their Reaching Out projects, implemented January, 2011 through September, 2011.

The Reaching Out Executive Summary for 2008 through 2011 may be found on the ***We Honor Veterans*** website, [Reaching Out Reports and Resources](#) webpage.

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

2011 Grantee Final Report, National Hospice and Palliative Care Organization (NHPCO).

Option Year One Grantees, Continuing Project Reports

Arkansas Hospice, Inc. Little Rock, AR

Project Summary

- **Type of Reaching Out model program**
 - The combination of programs focused on educating co-workers, volunteers, VA providers and the general public. It included integration of a Military History Checklist into the intake and referral process.
- **Purpose and aims/objectives**
 - Base Year: Test the Veteran-to-Veteran communication concept by using a PowerPoint program designed for use by trained teacher Veterans. The presentation educated Veterans and their spouses about "Hospice as End-of-Life Care." The outcome of this project (as reported in the Base Year Final Report) was successful.
 - Option Year One: Inform employees and the general public about our country's Veterans in hopes of creating an army of citizens to support Veterans and their spouses as they explore benefit options; to encourage them in this effort; and to assist them whenever possible. As detailed in the Final Report for Option Year One, this also proved to be a successful approach to reaching out to Veterans and their families especially the homeless and rural.
 - Option Year Two: Continue with goals and objectives of Base Year One and Option Year One through education and outreach to Arkansas Hospice employees and volunteers, VA providers and everyday citizens. A continuing goal of the project manager was to implement a Military History Checklist into the intake and referral process at Arkansas Hospice. The checklist was viewed as a great idea but did not receive the support needed to move forward. This past year, the organization achieved Level III Partnership.

Educate employees and volunteers about our country's Veterans – who they are and why they may have a different life and final journey home; implement the Vet-to-Vet Project throughout the organization's eight offices with assistance from volunteer coordinators; integrate a Military History Checklist into the intake and referral process; introduce employees and

volunteers to the agency's commitment to serving Veterans through the orientation process and other resources; maintain and expand Arkansas Hospice's relationship with local VA providers; and develop collateral to educate and distribute including brochures, pocket reminders and thank you cards.

- **Impact of project on Veterans**

- This has been an educational experience not only for the employees and volunteers who served, but also for the organization as a whole. Learning more about Veterans and their sacrifices as well as how their final journey can be improved has been invaluable. Because of this project, Arkansas Hospice now responds better to questions and concerns regarding Veterans.

Outcomes

- **Comparison of original work plan to actual outcomes**

- Education: Employees viewed 13 PowerPoint presentations over the past 10 months. Following each presentation, participants discussed what they learned and how it should be incorporated in the work process.
- Implementation: Volunteer coordinators, along with their director, were introduced to new and evolving plans to focus on Veterans and their unique needs. A PowerPoint presentation instructed the group on how to make use of the Vet-to- Vet Project throughout their service area. Suggestions were given and those deemed important were incorporated into the necessary collaterals to start the Vet-to-Vet Project in each of the eight offices.
- Integration: The importance of a Military History Checklist was explained to the leadership team. They learned that gathering the additional information would not necessarily lead to more work but would definitely improve patient care for Veterans. Social workers in Hot Springs piloted the concept in Sept. 2011 and, as a result, the use of a Military History Checklist went company-wide Oct. 2011.
- Introduction: A presentation titled "We Honor Veterans at Arkansas Hospice" was viewed and approved by the Arkansas Hospice leadership team and volunteer coordinators. The presentation and an additional slideshow called "Service Related Diseases, Illnesses and Conditions" from www.wehonorVeterans.org are now included in clinical orientation and a narrative was incorporated into the volunteer manual to be shared with new volunteers at orientation. A letter explaining Arkansas Hospice's commitment to Veterans and a pocket reminder will be distributed to all new employees and new Veteran staff is invited to join the Vet-to-Vet Project.
- Maintenance: Arkansas Hospice has had a long-standing relationship with VA providers at the John C. McClellan Memorial Veterans Hospital in Little Rock

- and the Eugene J. Towbin HealthCare Center in North Little Rock. Throughout Option Year One, a working relationship with the Vet Center and the VA Drop-In Day Treatment Center in Little Rock was established. During Base Year One and Option Year One, the project manager was invited to join members of the Hot Springs Community-Based Outpatient Clinic Advisory Board. Members were updated as to the status of the projects at their monthly meetings. In Option Year Two, attempts were made to connect volunteer coordinators with CBOCs in their service areas. While no specific in-person visits were accomplished, the promise of future visits was made.
- Development: Three unique collaterals were created for Option Year Two and are included in this report.
 - Tri-fold brochures for each of Arkansas Hospice's eight offices – County-specific contact information for Veteran Service Officers, CBOCs and other Veteran service facilities were included. Each pamphlet also listed contact information for the John C. McClellan Memorial Veterans Hospital, Eugene J. Towbin HealthCare Center, the Vet Center and at least one benefits information number. Volunteer coordinators and each office were given brochures for distribution as needed.
 - Pocket reminders were developed so employees and volunteers would have pertinent information on hand at all times.
 - Thank you cards were produced for employees to give to Veterans who request more benefits information.
 - **Successes:**
 - Support from the leadership team was the single most important catalyst in moving the programs forward. With the right people leading the way and making Veteran support a priority, it was easy to get time at meetings to present educational programs and create/provide other supporting materials.
 - Implementing the use of a Military History Checklist was a long road. However, once the leadership team understood the implications of the information and what it could mean to Veteran patient care, it was widely accepted. Social workers remain supportive of the process that is now company-wide.
 - The We Honor Veterans website proved to be invaluable. An hour on the Patient Care Managers monthly meeting agenda was secured specifically for Veteran education. Employees and volunteers now understand that Veterans really may have a different life and final journey.
 - The director of volunteers was very supportive of the Vet-to-Vet Project and the process of implementing it throughout the organization. Time was made available at the monthly Volunteer Coordinator meetings to explain Base Year One; review "A Veterans Final Journey" and "Taking the Vet-to-Vet Program

on the Road.” Coordinators also received pocket reminders, thank you cards and brochures.

- Veteran education is now a regular part of orientation. New clinicians are shown “We Honor Veterans at Arkansas Hospice” and “Service Related Diseases, Illnesses and Conditions.” New employees receive a letter explaining the organization’s commitment to Veterans and a pocket reminder. If a new employee is a Veteran, they are invited to participate in the Vet-to-Vet Project.
- **Challenges:**
 - While getting the leadership team behind the program was the key to its success, that process took dedication and hard work. Recognition via the National Hospice and Palliative Care Organization/ VA grants provided confidence in the potential outcomes of the program. However, given the financial stresses of the economy, Arkansas Hospice is operating on a tight budget. Even with grants, management has to consider budget constraints, employee time and commitment, etc.
 - The program also requires a champion – someone on the leadership team who has the authority to bring all the parties together and provide educational time. At Arkansas Hospice, this individual was the chief clinical officer whose husband is a Veteran. She provided opportunities to meet with her employees and to build credibility and trust with them. All of this culminated into a strong foundation build and sustain the Vet-to-Vet Project.
 - Most organizations do not have one employee devoted to this type of Veteran program. Other palliative care or hospice providers will likely have to meld the program into other staff positions which means it may take longer to initiate and plan for its sustainability.
 - While the Vet-to-Vet Project has been created and volunteer coordinators have been trained on how to implement it in their service areas, not one has actually held a program. In Hot Springs, a Veteran staff advisory board was created to provide input and support as ideas arise. While they are eager to carry through with a program, work commitments seem to deter them as well.
 - As a part of Option Year One, informational folders were delivered to doctor’s offices, emergency rooms, clinics and other Veteran health/benefit providers to educate them about our country’s Veterans, many of whom may be patients. This effort was placed with an Outreach Representative but was not accomplished to the degree intended. The folders were also used for Option Year Two but with additional Veteran information. These materials have not yet moved as planned.
- **Stories:**
 - Presidential Memorial Certificates were requested for a WWII Veteran patient’s family

- A Veteran not yet eligible for Medicare was admitted to hospice. He and his mother thought hospice would take care of all his medical needs. After contacting the county's Veteran service officer, the patient was able to get the help he needed and a better understanding of hospice care as well.
- The project manager visited with a Navy Veteran at the hospice inpatient unit in Hot Springs. As she approached the patient, she introduced herself and touched his arm. She thanked him for his service in the Navy and told him what a great gift he had given his country. She followed up by assuring him that his wife was with him in the room and that a neighbor was with her – she was not alone. Just before leaving his bedside, the project manager thanked him again for serving and told him she was leaving. As she turned to walk to the foot of the bed, the wife asked, "What did you do?" The project manager shared the story and the wife exclaimed, "Oh! Thank you so much. He hasn't been that calm for hours!" His final journey ended within the hour.
- After meeting a Korean Conflict Veteran in a store, the project manager and the Veteran, named Mike, sat down together for a cup of coffee and talked. The visit lasted about 45 minutes and ended with the Veteran sharing the following newspaper clipping:

One Man Remembers (by Michael Rosandich) I was stationed with the U.S. Air Force in 1953 at Taegu (K-2) Korea. The war was winding down and sniper action was common every day. I'd like to tell my most memorable experience as a technician working a VHF/DF Unit that assists lost aircraft by recovering them. In late November 1953, my first episode was with a propeller aircraft lost over the Sea of Japan. After giving inbound headings for about 30 minutes every 2–3 minutes, the aircraft was steered safely to the VHF/DF Unit and turned over to the tower at the Taegu Air Force Base for landing. Then for the next two days, two more Mayday calls came in. After recovering these two more calls, with 66 lives involved ... my job was done. Through my military background as a Tech Specialist in the U. S. Air Force, I acquired discipline, determination and devotion to duty. The experience I received during the above action earned me a promotion to Staff Sergeant and a Commendation Award. Mike also recalled a very poignant story from his time in Korea. He and a group of six buddies were at the bottom of a hill (his Unit was on the top of the hill) doing some clean-up when they came upon a small, malnourished stray dog. Mike wanted very much to save it, so he took the dog back up the hill to the Unit where he could care for it. Within ten minutes of leaving, an enemy shell landed in the very place from which he rescued the dog. Had it not been for the dog and the caring nature of Mike, he and his group of friends would not have come home. To this day, he carries a photograph of himself with the dog.

Process

One focus of this grant year was educating Arkansas Hospice employees and continuing the ongoing relationship with A. Reed Thompson, M.D., VISN 16 Hospice/Palliative Care Clinical Champion; and Diane Morgan, MNSC, APM, Hospice and Palliative Care Coordinator, CAVHS (Central Arkansas Veterans Healthcare System), VISN 16, John C. McClellan Memorial Veterans Hospital in Little Rock as well as other Veteran providers

- **Partnership descriptions:**

- Existing when grant was awarded
 - Reed Thompson, M.D. VISN 16 Hospice/Palliative Care Clinical Champion; and Diane Morgan, MNSC, APM, Hospice and Palliative Care Coordinator; CAVHS (Central Arkansas Veterans Healthcare System), VISN 16, John C. McClellan Memorial Veterans Hospital, Little Rock
 - Mary Engle, Deputy Director VISN 16, Geriatrics and Extended Care and VISN 16 Hospice/Palliative Care Program Manager, Eugene J. Towbin HealthCare Center, Fort Roots, North Little Rock
 - LifeNet Ambulance Service – Project manager conducts yearly educational program for recertification of paramedics and EMTs. Topics include what to expect during the final three months of life, “The Veterans Final Journey Home” and “Hospice as End-of-Life Care”
 - CAVHS, Veterans’ Treatment Court; a new and flourishing program for Veterans in Arkansas
 - VA Drop-In Day Treatment Center
 - Hot Springs Village Military Officers Association of America
 - Hot Springs Village VFW
 - Arkansas State VFW governing personnel
 - Hot Springs Community Based Outpatient Clinic Advisory Board
 - Hot Springs Village American Legion
 - County Veteran Service Officer of Saline County
 - Hot Spring Village Veterans Memorial Foundation
 - County Veteran Service Officer of Garland County
 - Hot Springs Village Purple Heart Association
 - National Association of Retired Federal Employees
 - Gentiva Home Care
 - Home Care Professionals
 - Meals on Wheels (delivered informational fliers about Veterans)
- Developed during the grant cycle:
 - St. Joseph’s Mercy Health Center (lectures on hospice and palliative care)
 - Hot Springs Fire Department (Veteran education programs)

- Hot Springs Village PEO (A philanthropic group supporting education for young women – many of the members are wives of Veterans)
 - Telephone conversations with the office managers of the Pine Bluff and Conway CBOCs (received commitments for future visits)
 - Hot Springs CBOC Advisory Board Meetings
- **Types of relationships developed with partners**
 - Administrative and business activities:
 - The Arkansas Hospice Access and Referral Department continues its long-term relationship with the VA facilities in the surrounding counties
 - Clinical activities:
 - The Access and Referral Department is in regular contact with the VA hospital to receive referrals of Veterans to the agency for care and notification of changes in status
 - Outreach activities:
 - Since Base Year, the Arkansas Hospice Access and Referral Department employees have had numerous interactions with various Veteran providers
 - The Chief Medical Officer lectures at University of Arkansas for Medical Sciences and other agencies, as do other Arkansas Hospice employees
 - The project manager lectures to BSN senior level students at UAMS and University of Central Arkansas as well as first responders
 - Education activities:
 - The project manager was invited to represent Arkansas Hospice at the first Veteran Volunteer Fair presented by social workers at Eugene J. Towbin HealthCare Center in North Little Rock
 - Potential future partners. Describe plans:
 - Volunteer coordinators develop relationships with CBOCs and other Veteran service providers in their individual service areas: Continue to make calls to CBOCs (being sure to call at appropriate times). The purpose of the calls will be to briefly describe AH's efforts to learn about Veterans and their special needs and then to set up visits in which the Volunteer Coordinator will participate. Together we will explain our Veteran programs, the education we are getting through We Honor Veterans, leave program materials and offer assistance. The Volunteer Coordinator will continue this connection.

Sustainability Plan

- **Agency's plans for continuing model program**
 - Continue education throughout Arkansas Hospice to keep Veteran concerns or issues a priority

- Continue to make Veteran facts and issues a part of orientation for new employees
- Incorporate uniform guidelines and promote ongoing use of We Honor Veterans education materials throughout service areas, ensuring the best in care for Veterans served by Arkansas Hospice
- Develop Best Practices Policy so that what is expected when caring for Veterans is known and understood
- Work with the Arkansas Hospice Foundation to raise funds in support of the Vet-to-Vet Project
- Use Veteran volunteers to spread the word/ignite future excitement
- Schedule periodic VA guest panel for Q & A sessions with employees
- **Describe plans for disseminating this program**
 - The project manager has been invited to lecture about Veterans to employees at St. Joseph's Mercy Healthcare Center in Hot Springs. These presentations will begin at the end of 2011. These local lectures will hopefully open the door for opportunities to share information about Veterans with employees at other Mercy facilities throughout the United States.

Replicating the Model Program

- **Advice for an organization implementing the model:**
 - The single most important motivator to the success of the project was backing from the leadership team. Without their involvement, employees would not have the opportunity to learn about the special needs of Veterans nor would they get the support necessary to make beneficial changes.
 - The employee responsible for implementing and managing the program must be willing to spend a significant amount of time learning about the uniqueness of Veterans' lives, benefit opportunities, the VA, Veteran-centric groups, etc. This person should know where to turn to resolve Veteran questions and concerns and co-workers should feel comfortable turning to him for answers.
 - Patience with the process of developing, initiating and sustaining a Veteran-centric program is a must. This takes time, education, persistence and a passion for Veterans.
 - Don't reinvent the wheel. If it already exists, tweak it to fit your organization's unique needs and reevaluate as you go. Get Veteran input on what you plan to use or what you are drafting.
 - Align project goals with your agency's strategic plan. This will make it much easier to relate the benefits of the program and have leadership view it as a valuable tool, an avenue for improving quality.

- **Tips**

- Building relationships with the VA and Veterans' groups
 - Have patience
 - Listen to their stories
 - Keep expectations realistic
 - Nurture relationships with e-mails, calls, visits – determine what works best for the Partner
 - Make appointments or call at times convenient for them – make it your business to learn their busiest times
 - Don't push staff to help, be respectful of their time and what they provide even if you wish it were more
 - Take notes to remember details of meetings, conversations, appointments, etc.
- Tips for building relationships with other provider groups and community partners
 - Have patience
 - Before speaking to a group, always ask if there is a Veteran present and thank them for serving
 - Make Veteran stories come alive in the mind of the listener
 - Don't push people to help
 - Keep realistic expectations about levels of involvement – many are grateful for the sacrifices made by our fighting men and women but may be too busy to actively participate in Veteran programs with their time or their money
 - Be confident about what you know but remember you can never know it all
 - Don't be afraid to say, "I don't know" – find out the right answer and get back to them
 - Remember each person brings a unique personality and expertise to the experience
 - Take suggestions seriously – someone on the outside may see something you don't
 - Build relationships with anyone who could ultimately help a Veteran
 - Remember the VA is trying to help the Veteran in the best way they can – make mention of their positive work whenever you can
 - Encourage friends to support Veterans' attempts to get benefits or answers to their questions
- Tips for engaging Veterans
 - Have patience
 - Use the gift of presence in your initial approach if needed
 - Meet a Veteran wherever you can, i.e. the grocery store, airport, parking lot, etc. – shake their hand and thank them for serving

- Listen to a Veteran's entire story before you speak – many times when someone is interrupted, the core of the story may be lost
- Often it is tempting to finish a Veteran's sentence or interject with the word they seem to be searching for – don't do it
- Each person brings a unique personality and expertise to the experience – they deserve respect and compassion
- Take notes to remember details of meetings, conversations with Veterans, etc., and then review your notes for the next meeting
- Remember the VA is trying to help the Veteran in the best way they can – be supportive of their efforts when talking with Veterans
- Seek out active duty service members and thank them for their service. The more you approach Veterans and active duty personnel, the more comfortable you will become with it
- Additional tips based on lessons learned
 - Familiarize yourself with war history
 - Learn about what was good and bad, i.e., experiences of how they were received when they came home
 - Remember you are not alone in this effort – use the list of connections below and if one doesn't have the answer, try another
 - Military service members, Veteran or active duty
 - Spouses of Veterans or active duty personnel
 - www.va.gov Department of Veterans Affairs
 - www.nhpco.org National Hospice and Palliative Care Organization
 - www.WeHonorVeterans.org
 - www.nchv.org The National Coalition for Homeless Veterans
 - <http://www.va.gov/vetdata/> The National Center for Veterans Analysis and Statistics (NCVAS)
 - www.arkansasVeterans.com (every state has a similar source)
 - VISN staff; e.g., department champions, end-of-life service providers, social workers, specific departments responsible for Veterans individual benefits
 - Veteran medical drop-in clinics and staff
 - Community-Based Outpatient Clinic (CBOC) staff for Veterans
 - County Veteran Service Officers
 - Homeless shelter staff
 - Homeless coalitions
 - Co-workers
 - Funeral homes
 - First Responders
 - Military Organizations: VFW; American Legion; Military Officers Association of America, etc.

- Civic/Social Organizations: Rotary Clubs, Elks Lodges, Lions Clubs,
- Kiwanis Clubs, Red Hat Societies, Boy Scouts, etc.
- Churches

**California Hospice Foundation
Sacramento, CA**

Project Summary

Building on the previous two years of collaborative efforts on the needs of Veterans at end of life, the California Hospice Foundation continued to focus on two major goals:

- Increased awareness among community based hospice providers about the special needs of Veterans at the end of life.
- Relationship building between the VA and hospice providers in CA and Nevada.

Using the webinar format, we provided education on four requested topics of interest to the hospice community, and continued to build relationships between Hospice Providers and the VA. As a result of these efforts, more than 92 hospice staff from around California and Nevada participated in Veteran-centric education, and the collaboration between hospice and the VA continued to develop and strengthen.

Outcomes

- **Goal 1:** Four educational programs were offered via webinar.
 - *Friday, July 15 - Reaching Out to Veterans*
This program provided a comprehensive overview of the unique needs of Veterans at the end-of-life, described the partnership needed between hospice and VA to meet Veterans' needs, and discussed rural and homeless data for California and Nevada and resources that are available. Nineteen registrations were received for this program, and 80% of the attendees rated the program a "5" or "6."
 - *Thursday, September 15- Palliative Care for the Veteran with PTSD*
This webinar identified special considerations for Veterans with PTSD at the end-of-life, offered an overview of appropriate and practical pharmacological and psychological interventions and taught recognition and management skills. Twenty-two registrations were received for this program, and 93.33% of the attendees rated the program a "5" or "6."
 - *Friday, October 20 - End of Life Pain Management for Veterans: Myths vs. Reality*
This presentation focused on issues related to military service, including stereotyping of Veterans, that can affect clinical judgment in the area of end-of-life pain management. Twenty-two registrations were received for this program, and 55.89% of the attendees rated the program a "5" or "6."
 - *Friday, October 28 - The Heart of the Veteran: Emotional, Spiritual & Family Issues*

This presentation focused on how care team members can be better attuned to the emotional and spiritual concerns of Veterans and their families at the end-of-life. Twenty –eight registrations were received for this program, and 50.88% of the attendees rated the program a “5” or “6.”

- We faced two challenges in providing this education, one around the use of the technology and one around the personnel involved. New staff at CHF needed to learn to use the webinar software and initially could not help one of the speakers get comfortable with using it. Because of that, one program had to be rescheduled because of poor sound quality. This speaker then changed jobs, and was unavailable to reschedule. Fortunately, Dr. Deborah Moran stepped in and provided the program. CHF has worked with Dr Moran throughout this project and was very aware of her commitment to its success, and very grateful for her willingness to step in. (What began as a challenge turned out to be a success!)
- **Goal 2: Relationship Building Between Hospice Providers and VA**
The following format has been developed for establishing ongoing collaborative meetings between CHAPCA, the state hospice association (through the Regional Directors) and VA through VISN 21 & 22. This led to ongoing collaboration between hospice providers and VA programs in Long Beach and San Diego and there are beginning efforts in Loma Linda and in Northern California.
- **Format:**
 - Anticipated Outcome: to establish an ongoing collaborative relationship between the VA and Community Hospice Providers with the ultimate goal of "improving end-of-life care for Veterans."
 - Goals:
 - To improve end of life care for Veterans and their families
 - To educate and implement a Veteran Centric Care Community of hospice providers
 - To collaborate with the VA and community hospice providers to meet the needs of Veterans at end of life.
 - Plans to Consider:
 - Purpose of meeting – focus on mission not on marketing
 - Time, day, frequency
 - Expectations?
 - What do we want to accomplish?
 - Administrative – addressing issues or education, information, sharing or both.
- **Utilization of the Format**
 - Long Beach: Utilizing this format, every-other-month meetings in Long Beach have been established. This November we are celebrating collaboration and education with an Information Day at the Long Beach facility. All VA from

VISN 22 as well as hospice providers will be represented. (Absolutely no marketing will be allowed.)

Hospice information will be focused on NHPCO and CHAPCA information.

Some specialized hospice programs will be featured such as "pet therapy" and "music therapy."

- San Diego: providers and VA staff have begun meeting quarterly this year. VA staff requested specific information regarding hospice providers in their area – specialized programs (such as music therapy), whether the hospice was enrolled in the We Honor Veterans program, and what was the inpatient and continuous care capability. A questionnaire was developed by Patty Shader and Ann Hablitzel, sent to CHAPCA Region 8 providers, and responses tabulated and sent to the VA in San Diego. The ongoing meetings are co-chaired by VA and community hospice providers including Michael Olson, Meredith Magnum-Perlin and Patty Shader.
- Loma Linda: The new CHAPCA Region 7 Representative has spoken with Sheryl Torkelson and Meredith Magnum-Perlin from the VA, and would like to set up planning meetings, but VA staff has asked to postpone due to scheduling conflicts.
- VISN 21: Michelle Gabriel has transitioned to another position within the VA. Mary Zucarro, her replacement, has worked in hospice for many years and is very anxious to work with CHAPCA/CHF. She had attended one of the Regional CHAPCA meetings and plans to attend as many as her schedule allows. She also presented in our webinar education on Pain Management with a great perspective.

We have not experienced a lot of challenges in this relationship building except for the time commitment for all involved. Fortunately, the overall commitment to improve end of life care for Veterans seems to prevail, and time is found. Our initial concern about transitioning a new person as head of VISN 21 turned out to be a benefit with her strong hospice background.

- Additional Benefits:
 - Many hospices in San Diego have started participating in the Stand Downs – The Outreach for the Homeless. The response from the hospice community at the last event was so overwhelming some volunteers literally were assigned to "pick up trash." They said this was fine – "they just wanted to be there and it was fun."
 - A number of hospices have developed Vet to Vet Volunteer Programs.
 - A how-to guide will be published on the CHAPCA website.
 - In Long Beach, community hospice programs volunteered to provide bereavement resources for families of Veterans since VA Long Beach Healthcare System is unable to provide bereavement at the time.

Process

The relationships have been ongoing with continued support and commitment. Some examples are:

- Development of a Continuum of Care
- Referral Process – Coordination of Care
- Reference Guide – Algorithm on navigating the VA Long Beach Healthcare System
- Contact Directory
- How to obtain orders and medications
- PCP follow-up, who/where
- Addressing issues of obtaining timely authorization for change in level of care. Mary Zucarro is supportive of the need to respond quickly as patient needs change in hospice and is attempting to resolve issues that arise.
- Education – numerous opportunities for exchange of information

The collaborative meetings typically also include a Veteran Volunteer from that facility.

Project Sustainability

The education programs provided by this grant will serve Veterans and hospice staff for many years to come, as they were recorded. The relationships established by this effort are ongoing. The California Hospice Foundation serves as information and referral service to providers and the general public, a resource for patients and families, and an authority on hospice and palliative care for decision makers through California and Nevada. The information regarding access for Veterans to community-base end-of-life programs is now part of this ongoing service. The education and collaboration will continue at the local level because different regional or state practices will vary and need to be addressed at the point of care and collaboration.

Replicating the Model

- Military Service affects how Veterans live and how they die. If we as hospice providers haven't asked and aren't aware of how to assess and provide care for their unique needs, then we will not be able to provide quality end-of-life care for this patient population. The following questions and activities may be helpful in determining if your hospice is ready to fully serve Veterans:
 - Is there a commitment from your organization's top leadership to do this?
 - Are you willing to invest staff, time, and finances in education and relationship-building without an immediate return on investment?
 - If yes, assess your current ability to serve Veterans. Use the pre-test as a tool to determine the knowledge of hospice staff regarding unique needs of Veterans.
 - Provide the education program in this project to all hospice agency staff.

- Do you identify Veterans in your program upon admission?
- Commit to utilizing the Military Checklist and incorporate its content into the Plan of Care for the patient and family.
- As you aware of resources in your Community to support Veterans at the end of life? Commit to measure quality and outcomes.
- **Tips and Recommendations—Lessons Learned:**
 - Each VA service center is different just like each hospice is different.
 - The importance of a champion from a local VA and a hospice leader is critical. There should be a clear mission and purpose, and ongoing attention and focus on the mission and purpose.
 - It's very important to acknowledge and address preconceived notions and biases.
 - Many hospice providers are willing to invest time, money, resources, and staff without direct benefit to their bottom line because they are committed to improve end-of-life care for Veterans. In order to foster a partnership between local VA and community based hospice programs, they should:
 - Commit to work together.
 - Identify points of contact on both sides
 - Periodically check in to see how things are going on both sides.
 - Establish a process within each VA Healthcare system and within each community provider that outlines:
 - What to expect of each other
 - Who to call when problems arise.
 - Have regular dialog between hospice agencies and VA points of contact
 - Ask VA to participate in local and regional meetings of community hospice providers.
 - Be collaborative. Plan to co-manage resources such as the respite care that VA may offer.
 - Identify effective Veteran-centered bereavement programs, including survivor benefits, and share them with your colleagues.

**Delaware Hospice, Inc.
Wilmington, DE**

Project Summary

- Delaware Hospice reaching out to Veterans model resembles the Community Partnership Program with the goals of:
 - Increasing community and hospice staff awareness of Veterans needs
 - Establishing educational and outreach programs to address their specific end-of-life needs.
- Delaware Hospice objectives were to:
 - Provide training sessions for community organizations and healthcare organizations
 - Provide educational programs for first responders
 - Increase awareness in our community by sharing personal Veteran stories and experiences
 - Remain partners with the VA Medical Center to increase outreach activities with the HVP (Hospice Veteran Partnership) initiative.
- Maintaining relationships with Veteran organizations and developing new partnerships with Veteran organizations, healthcare professionals and the community enabled our outreach in the state of Delaware to once again be beneficial, especially to the Veterans and their families. Delaware Hospice was honored to provide care, education and support to 294 Veterans this year. The 294 Veterans included: 45 Air Force, 98 Army, 5 Coast Guard, 21 Marines, 2 Merchant Marines during WWII, 61 Navy, 3 other and 23 Reservist or National Guard member. The following are the top 4 diagnosis: Lung/Bronchus Cancer, Debility, Congestive Heart Failure, and Dementia.
- Our staff and volunteers found an increased passion and respect for our patients and truly benefited from meeting, caring and supporting them.

Outcomes

- **List each outcome from the original work plan**
 - Training Sessions for community organizations.
 - 34 Presentations/Exhibits
 - 2,500 Participants
 - 6,695 pieces of educational materials and literature were distributed.
 - Educational program for First Responders
 - A presentation was provided to Bridgeville Police Department.
 - In 2010, Delaware Hospice had the opportunity and considerable success in educating the First Responders.

- This will be a focus again in 2012.
 - Training healthcare organizations
 - 6 Presentations
 - 1 recognition ceremony of Veteran residents at a long-term care facility.
 - Partner with VA Medical Center & increase activities by all hospice providers
 - The VA Medical Center reprinted all of the literature/materials that were initially developed through the Reaching Out Grant and initiatives of Delaware Hospice and partners.
 - Representative of the Delaware End-of-Life Coalition and staff educator for Delaware Hospice worked closely with representatives of the VA Medical Center in the development of a one-day conference held on September 8th, "ELNEC (End-of-Life Nursing Education Consortium)
 - Addressing Special Needs of Veterans at the End-of-Life.
 - 41 health professionals attended the program including Nurses, Chaplains and Social Workers.
 - Stories to be written and published
 - 1 story published in local papers
 - 4 showings of ["Vanishing Voices" film](#)
 - Completion of 14 interviews with Delaware Hospice patients, allowing Veterans to share their stories with the goal to experience a more peaceful end-of-life.
- **Successes**
 - Partnering with local author and producer of "Vanishing Voices" film, James Diehl.
 - New relationship with the Commissioners of Veterans Affairs
 - The U.S. Veteran Stories booklet has served as a tool to attract Veterans to our healthcare exhibit table. They enjoyed reading the stories. We had an opportunity to "thank them for their service and explain how Delaware Hospice cares for Veterans at end-of-life.
 - Participating in the Veterans Stand down and providing information about the Family Support Services and Transitions program. This year our display will focus on how Veterans can help Veterans by volunteering.
 - Presentation to the retirees at the Dover Air Force Base.
 - Participated in the Birthday Celebration for Veterans that live at the Delaware Veterans Home.
 - Delaware Hospice was the only hospice provider invited to present at the American Legion statewide conference.
 - Original Grant \$5,000
 - Delaware Hospice used its funds in support of the "Vanishing Voices" Film, provided Free to the community/attendees and reprinting support materials and literature.

- **Challenges**

- Outreach to VFW's and American Legions throughout Delaware was not easy. This proved to be a real challenge because we didn't have access to their buildings. They often did not return our calls for meetings. This was resolved by presenting information and literature to the Department of Veterans Affairs and list information on their website to reach the VFW and American Legions. The information now gets distributed from the top, down.
- Many patients are not cognizant enough to give a recollection of their time in the military by the time they are enrolled in hospice.
- Veterans are too ill to travel to the VA Medical Center to officially enroll for their benefits.

- **Impact of Project on Veterans**

- From a Community Outreach prospective at presentations and exhibits, Delaware Hospice was acknowledged by the community for sharing the information, and gaining the knowledge of benefits for Veterans. Many expressed that our organization cares for all individuals who need our services and programs, particularly Veterans and their families. The following are findings during conversations with Veterans:
 - Most Veterans -
 - avoid discussion of their experiences in the military – especially Vietnam Veterans.
 - downplay their significance or their participation in wars.
 - gained much peace from sharing their story.
 - demonstrate body language changes (eyes sparkle, smile, tears) as stories are told.
 - want a safe place to tell their stories (reflection of their life and combat or non-combat stories).
 - are hesitant to tell their stories to family members (they don't want to upset their loved ones), and prefer to speak to professional hospice staff instead.
 - don't want to be a burden to their family members.
 - feel guilty about surviving the war and for the innocent people they killed in the war.
 - don't like being recognized as a "hero" and thanked by others.
 - are looking for validation and absolution.
 - begin to relax and "soften" their body composure.
 - just want to be able to "cry" and feel comfortable about crying.

Process

- **Ongoing Relationships:**
 - The relationship with the VA Medical Center and the Delaware Veterans Home continued throughout the year. The on-going relationship assisted in providing consistent care and meaningful support to our patients. Delaware Hospice staff knew who to call for assistance with benefits and answering the questions of our patients.
- **New Relationships:**
 - The new relationship was with the Commissioners of Veterans Affairs. The medical community gained greater awareness and information about addressing the special needs of Veterans. The Professional Workshop scheduled for 10/28/11 attracted registration from all professional disciplines (Veteran organizations, private practices, hospitals, and long-term facility staff).
 - Serving nearly 300 Veterans in 2011 reflects the increased awareness of hospice services and programs. By using the Military History Checklist, the entire care team can acknowledge the patient as a Veteran, specific military unit and identify any special medical or psycho-social requirements that may be needed. Again the relationships with VA organizations and knowledge our staff has regarding who to call for any questions and benefits for our Veterans continues to be beneficial.
 - Assisting the patient/family in the collaboration of the Plan of Care and connecting our patients to the VA system in coordination of services or benefits included the following resources:
 - VA registry online, local county VA contacts, and Survivor Outreach Services.
 - Veterans with longer service time usually had their benefits already activated, while those who spent the least amount of time, or who were in the Guard services, typically did not have benefits.
 - Many in the National Guard Services were not aware that they could even check to see if they were eligible for any benefit—even burial.
 - Delaware Hospice had the opportunity to educate and partner with community, professional, and Veteran organizations in 2011. In particular the presentations and relationships developed at the Veterans Stand Down, Dover Downs Casino Employee Fair, Delaware Hospice & Community Group, DHCFA (Delaware Healthcare Facilities Association), Commissioners of Veterans Affairs, Women's Health Fair, NARFE Convention, American Legion state-wide conference and

AstraZeneca Elder Fair were the key highlights of increasing awareness of Veterans at end-of-life.

- Delaware Hospice had the opportunity to present – “We Honor Veterans” plans for outreach and update them throughout the year on specific initiatives and accomplishments. All new staff receive education about the unique needs of Veterans during their formal orientation class with Delaware Hospice. The continued partnership with the VA Medical Center and key personnel assisting with the development of the ELNEC for Veterans Conference, and several staff members attending the conference increased our staff’s knowledge of the special needs of Veterans, expected to be a benefit to the care and support Veterans receive in our program.
- Delaware Hospice will continue to support events that provide outreach to Veterans. We would like a stronger relationship with the Delaware Veterans Home. Additional educational information and programs for professionals are needed.

Sustainability

- Delaware Hospice will stay engaged in the support and care provided to Veterans at end-of-life. As an organization we are committed to serving all patients at end-of-life with dignity and providing the highest quality of care. We have recognized that having the knowledge and partnerships with VA organizations can assist our staff with connecting our patients to the benefits that they deserve. We will continue to educate the community and professionals, and value the relationships that have begun with outreach to Veteran organizations such as the Commissioners of Veteran Affairs. We have just begun the recruitment efforts in establishing a greater force of Volunteers who are Veterans.
- Delaware Hospice has shared the materials in support for outreach and education to another hospice agency in Pennsylvania and representatives from the Delaware End-of-Life Coalition continue to talk with representatives from a hospital in Maryland.

Replication of Community Partnership Program

- One of the most important partnerships continues to be with Veteran organizations. It is important to develop and have a relationship and a true understanding of their needs, policies and procedures that will be of benefit to Veterans at end-of-life. Having a formal gathering and/or meeting throughout the year proves to be the best method to communicate and continue building relationships. The Veteran organizations can open many doors and serve as a guide to the community organizations to speak with and provide the education that is needed.

- A Delaware Hospice Healthcare Liaison developed Veteran recognition program at facilities. The liaison partnered with Activities Director at a facility which had 12 Veterans. The Veteran was given a flag pin and enjoyed an afternoon of celebration and the Veteran had an opportunity to speak about their time served, branch of service and favorite place they were stationed. The Liaison has plans to expand the recognition program at four more facilities.
- Allowing Veterans at end-of-life to tell their stories.
 - Pilot Study
 - Purpose: Determine if military Veterans in hospice care, who tell their military service stories, express improved satisfaction at the end-of-life and primary caregivers of military Veterans in hospice care perceive that their loved one experiences improved satisfaction at the end-of-life after telling their military service stories.
 - Sample: 14 Veterans in hospice care (no cognitive impairments, physically able to speak and answer questions.)
 - Procedures: Veterans selected by counseling staff and approved by the Medical Director. The Veteran had to complete 4 visit/interviews by a Veteran volunteer.
 - Study explained; informed consent obtained
 - Digital recording of Veteran's military story
 - Veteran and caregiver independently complete Post Survey Telling (PST) survey, a 11 item investigator-developed survey reflecting concepts typically found in quality of life instruments
 - Second administration of PST survey to Veteran and primary caregiver.
 - Findings: Data collection in progress, analysis to begin in Fall, 2011.

Hospice of the Bluegrass Lexington, KY

Project Summary

In Option Year 2 Hospice of the Bluegrass (HOB) continued to work to improve the quality of care provided to Veterans and their families and to increase the utilization of hospice and palliative care services particularly for Veterans living in a rural area. More specifically HOB has worked toward the following objectives from the previous two years:

- Improve linkages between Veterans at available services.
- Disseminate current research and evidence to guide the healthcare provider response to Veterans presenting symptoms that may be related to combat experience.
- Increase the awareness of end of life care services for Veterans in local communities.
- Identify all hospice admissions who are Veterans to assure special needs are met.
- Inform and engage Hospice of the Bluegrass staff about the special needs of Veterans, especially those who have seen combat.

The paradigm HOB created to work toward these objectives is best described and labeled as Community Partnerships. In this model, HOB works with other healthcare providers and community organizations to reach out to Veterans about available resources in their areas. This collaboration among community providers has proven to be effective in engaging Veterans about available services in their community. In addition to engaging Veterans about services in their areas HOB has been committed to both internal and external education about the potentially unique needs of Veterans at end of life. Finally, HOB has worked to improve the interface between the Department of Veteran Affairs and community hospices through education. The results of this initiative have been impactful for Veterans and their families and the organizations participating in these partnerships. A description detailing the impact of the project is included in subsequent sections.

Outcomes

- **Quantitative and qualitative outcomes as the result of this initiative.**
 - Social Media: HOB created a webpage dedicated to Veterans (www.hospicebg.org/Veterans.html); to date this page has received over 1,000 hits. Additionally, HOB has promoted videos produced by *We Honor Veterans* and other related Veteran materials through our social media outlets which has over 1700 followers combined (Facebook, Twitter). Finally, a blog posting on Veterans is scheduled around Veterans Day.
 - Education: HOB worked to bring three representatives from the Department of Veteran Affairs to the annual Kentucky Association of Hospice and

- Palliative Care meeting. Dr. Lisa Vuocolo, VISN 9 Lead Physician Champion, Hospice & Palliative Care; Shelli Storey, VISN 9 Palliative Care Coordinator; and Marleen Burns, Nurse Practitioner, Lexington VAMC all presented to hospice providers across the state of Kentucky. Similarly, Dr. Joy Scott, Medical Director of Thomson-Hood Veterans Center presented at the 2011 Art and Science of Palliative Medicine Conference in Lexington, KY. Additionally, HOB staff participated in webinars entitled: "Wounded Warriors," "Psychosocial Issues in Veterans," "Military Death and Disenfranchised Grief." Likewise HOB has integrated Veteran curriculum into new employee orientation and volunteer training. Finally, community education continues to be a priority. Veteran brochures continue to be used extensively in speaking engagements and health fairs particularly in rural communities. The Program Director for this initiative speaks frequently to groups and organizations about Veterans. For example, presentations have been made to Eastern Kentucky Veterans Center, Thomson-Hood Veterans Center, various Veteran Service Organizations and groups like retired police, firefighters and widows. The Program Director has also presented to national groups through the *We Honor Veterans* initiative (*We Honor Veterans* summit in San Diego and NHPCO webinar).
- Coalitions: In Option Year 1 HOB worked extensively in rural communities to build coalitions of healthcare organizations and community partners to engage Veterans about available resources in their area. Because of the success of those coalitions HOB has been invited by other organizations and other communities to engage Veterans. Specifically, HOB was asked by the Senior Citizens Center in Anderson County Kentucky to come and host a health fair/appreciation dinner for Veterans in November. HOB procured Heather French Henry, former Miss America, to come and speak to the Veterans in attendance. Similarly, HOB was asked to return to Owen County Kentucky and talk about the unique needs of Veterans at end of life and available services for Veterans. HOB anticipates attendance of 100-150 Veterans at these events.
 - Publications: HOB featured articles on military grief and on a Veteran-to-Veteran volunteer program in two of our community publications. These publications circulate to a readership of approximately 4400. Additionally, HOB purchased advertisements with the American Legion's publication, *The Legionnaire* and it is circulated to over 40,000 Veterans. Finally, HOB has disseminated over 1,000 brochures on hospice and palliative care for Veterans.
 - Military History Checklist: The military history checklist continues to be used on admission for all patients. The checklist is now part of HOB's electronic medical record. HOB worked with a practicum student to conduct a review of the military history checklist process. The student identified areas for

- improvement and consequently HOB has done additional education with the clinical staff to ensure the checklist is utilized correctly in the electronic medical record. To date HOB identified 264 Veteran patients. Because of the additional education with the clinical staff on how to best document this in the EMR we anticipate higher numbers in subsequent months.
- Partnership with Department of Veteran Affairs: As mentioned previously, HOB brought several VA representatives to state-wide and regional conferences. Additionally, HOB partnered with the VA for a state-wide grief camp for children age 6-12 that experienced a significant loss in the past year. This camp had over 50 campers and 80 volunteers.
 - Veteran Volunteers: HOB volunteers that are Veterans are being identified and many are working directly with Veteran patients in the home and in long-term care facilities. By way of example, Veteran volunteers visit almost all of our patients at Thomson-Hood Veterans Center. In addition to facilitating Vet-to-Vet volunteer experiences, all Volunteer Coordinators have been educated on the potentially unique needs of Veterans at end of life. These coordinators attended a NHPCO section call on volunteers serving Veterans. Furthermore, the Program Director presented to the Kentucky Association of Volunteer Coordinators on working with Veterans.
 - *We Honor Veterans*: As a Level 3 partner with *We Honor Veterans* HOB utilizes many of the resources accessible on their website. HOB disseminated to all staff appreciation certificates and PowerPoint materials on Veteran benefits and the unique health risks associated with each war era. Additionally, HOB purchased appreciation cards and both the hospice volunteer and *We Honor Veteran* pins produced by *We Honor Veterans*.
 - Assessment: HOB intends on utilizing Veteran specific questions on the Family Evaluation of Hospice Care (FEHC) survey that is distributed to the bereaved. The first surveys were distributed in November of 2011 with initial results accessible in February of 2012.
 - **Stories:** Through this process HOB has heard from a variety of Veterans and most simply thank us for the work we are doing to improve our care to Veterans.
 - One Veteran that suffers from PTSD attended a coalition dinner in a rural county in Kentucky and said to us "I'm getting to that age where you begin paying attention to how you're going to die. It sure would be important to have someone taking care of you if you get sick. I'm definitely glad to know about hospice."
 - Additionally, through a partnership with the Louie B. Nunn Center for Oral History at the University of Kentucky Libraries, HOB records the life oral histories of patients. Recently we recorded the story of a Korean War Veteran that was a prisoner of war. He was extremely grateful of this experience saying, "no one has asked me to tell my story before."

- Finally, at a recent presentation to a group of Veterans, one gentleman came forward and told the story of the importance of HOB grief services for assisting him to get through the loss of his son who was a Veteran. There are many additional stories and these stories help demonstrate how impactful and meaningful this work is for HOB and the community.

Process

HOB has partnered (purpose of partnership in parentheses) with a variety of organizations across the state including but not limited to:

- Department of Veteran Affairs (Education, Coordination of Care)
- Kentucky Department of Veterans Affairs- Field Representatives (4) (Education, Coordination of Care, Outreach)
- Eastern Kentucky Veterans Center (Outreach, Education)
- Thomson-Hood Veterans Center (Education)
- Louie B. Nunn Center for Oral History (Care for Veterans)
- Anderson County Senior Citizens Center (Outreach, Education)
- Kentucky National Association of Social Work (Care for Veteran)
- New Horizon's Medical Center (Outreach, Education)
- Owen County Public Library (Outreach, Education)
- Carroll County VA community based outpatient clinic (CBOC) (Outreach, Education)
- Three Rivers District Health Department and Home Health Agency (Outreach, Education)
- Owen County Judge Executive (Outreach, Education)
- Owen County Mayor (Outreach, Education)
- Veterans of Foreign Wars Post No. 3119 (Outreach, Education)
- Veterans of Foreign Wars Post No. 8666 (Outreach, Education)
- Nicholas County Health Department (Outreach, Education)
- Nicholas County Community Action Council (Outreach, Education)
- Nicholas County Hospital (Outreach, Education)
- Nicholas County Family Resource Youth Service Center (Outreach, Education)
- American Legion Post No 17 (Outreach, Education)
- Nicholas County Judge Executive (Outreach, Education)
- Kentucky Mountain Health Alliance (Outreach, Education)
- Perry County Public Library (Outreach, Education)
- Perry County CBOC (Outreach, Education)
- Numerous Community Veterans (Outreach, Education)

Through this grant we partnered with these organizations in one capacity or another to work on issues related to Veterans. To initiate many of these partnerships HOB approached these organizations and said something like "we want to improve the quality of care we provide our Veterans and engage Veterans about available services in this

area. “Do you want to help?” This approach led to organizations being receptive to working with us and consequently we have not encountered barriers to partnerships.

Sustainability

HOB has been in Kentucky for 32 years and both community partnerships and community integration are important and will remain important to the organization. Similarly, HOB will continue to educate the community on the potentially unique needs of Veterans at end of life through:

- professional education
- community education
- brochures
- social media.

These are low-cost ways of sustaining our work on Veterans. Furthermore, HOB intends to continue educating all staff on caring for Veterans at end of life through new employee and volunteer orientation and with on-going in-services. In addition to on-going education, HOB will continue to utilize the Military History Checklist. HOB is committed to providing high quality individualized palliative care and understanding the impact military experience has on the dying process will remain a priority. Finally, because HOB was in the vanguard of this initiative, the Program Director and other HOB staff are willing to share experiences, lessons learned and work with other hospice providers throughout the country.

Replicating the Model Program

Replicating this model requires an organizational commitment. The prescribed steps are as follows:

- It is imperative that before any activities take place that there is support from senior leadership. The support of senior leadership ensures that you get “buy-in” from key staff and departments that you will need in this process (e.g. education, marketing, clinical staff).
- An organization should create a committee of individuals that are passionate about improving the care provided to Veterans. The committee should include at least one person familiar with the landscape of healthcare organizations and community resources available in a community. Additionally, the committee should consider including a volunteer that is a Veteran if one is available.
- Appoint a “driver” in the organization to lead this committee. This person should “own” this initiative and make sure that committee meetings take place and goals are established.
- The driver and the committee should determine the goals of the committee. For example if the goals are to 1) integrate the military history checklist and 2) create a

coalition of providers to engage Veterans, then those goals must be stated explicitly and a timeline should be established to achieve those goals.

- Establish community partnerships: the driver in collaboration with their committee should determine which healthcare organizations and other community agencies would be helpful partners in this initiative. The first organization to contact should be the Department of Veteran Affairs. An organization needs to reach out and make contact with the VISN's Palliative Care Coordinator and then establish contact with any VAMC's or CBOC's in your area. After this is established someone from the committee should approach other organizations and say something like, "we want to improve the quality of care we provide our Veterans and engage Veterans about available services in this area, do you want to help." From our experience this is a good starting point.
- Commit to become a *We Honor Veterans* partner. Achieving the partnership levels will help boost morale and be a mechanism for demonstrating the progress of the committee.
- Utilize the *We Honor Veterans* materials to create a Veteran-centric culture at your organization. *We Honor Veterans* has a variety of resources that can be accessed at no charge that are beneficial to community hospices.
- Commit to on-going monitoring and assessment of your progress with initiative. The *We Honor Veterans* partner levels and the FEHC survey are just two ways of doing this.

Hospice of Chattanooga, Inc.
Chattanooga, TN

Project Summary

- **Type:** Hospice of Chattanooga developed a Community-Based Outpatient Clinic (CBOC) -Community model program. In 2009, Hospice of Chattanooga applied for and received funding through the Reaching Out initiative to develop partnerships with the VA and community providers to better educate and serve rural and homeless Veterans and their family caregivers about VA programs and benefits including hospice and palliative care services.
- **Purpose:** The purpose of Reaching Out in Southeast Tennessee and the Southeast Tennessee Veterans Coalition it created is to better serve Veterans in our community and increase access to hospice and palliative care services for rural and homeless Veterans by:
 - Collaborating with our local VA Clinic to learn and establish appropriate protocol for healthcare and hospice admissions
 - Providing education for hospice staff and other community agencies (along with the VA) about VA benefits
 - Meetings and “Outreach Days” in Southeast Tennessee Rural Counties with the Vet Center and VA County Service Officers
 - Meetings, In-service and “Outreach Days” in collaboration with the VA and community agencies who serve our area homeless.
 - Creating a city coalition of VA and non VA agencies with the mission of “working together in addressing issues our area Veterans and returning soldiers are facing; creating partnerships and relationships between VA and community agencies to help resolve challenges for our area Veterans and their families”. This coalition includes agencies who serve homeless and those who serve rural areas.
 - Providing ongoing training for healthcare and other professionals serving Veterans, and for Veterans and their families.
- **Impact:** As we submit this final report, we can truly say that We Honor Veterans is part of our healthcare and social service framework in our community. Our project has resulted in better coordination of care and services for thousands of area Veterans among 9 Veteran Service Officers, the Chattanooga CBOC and VISN 9 Palliative Care Team, and over 27 area organizations serving Veterans residing in southeast Tennessee and northwest Georgia. Staff members of all member agencies receive annual educational updates and meet regularly with professionals from the CBOC, Vet Center and other Veteran services.

At Hospice of Chattanooga, we have provided ongoing training about Veteran issues of care to our staff of over 280 professionals during the past three years, and have provided hospice and palliative care to over 2,000 Veterans during the project duration. We have begun to work with the VA as a partner in the hospice and palliative care delivery system, fully integrating care for Veterans in all aspects of our organization from the Veterans Visiting Veterans Volunteer program, to each of our Teams utilizing the Military History Checklist with Veteran patients, to incorporating key elements in the Plan of Care, and doing weekly plan reviews for specific Veteran's issues

Outcomes

- **Outcome 1:** Sponsor Community Conference "We Honor Veterans" to provide information for area Veterans, their families and area agencies. Deborah Grassman, Keynote Speaker, presented on "Wounded Warriors", a very emotional presentation. At the end of her presentation, we pinned over 40 attending Veterans, many of whom stood up to tell their story, one for the first time (according to his friend) shared a moving story about Vietnam.
 - Approximately 120 attendees
 - 17 registered exhibitors with 14 present
 - 30 professionals receiving CEUs or letters for professional credentials
 - Estimated that 50% of attendees were professionals and 50% were Veterans or families
- **Outcome 2:** Continue coordination of the Chattanooga Veterans Coalition- a group of VA and community agencies working together to address issues local Veterans and their families are facing.
 - Coalition members assisted with planning the Community Conference- from promotion, helping with the Color Guard presentation and coordinating exhibitors, presenters
 - Chattanooga Veterans Coalition has met each quarter of 2011, and is now using a revolving chairmanship among agency members. Four new member agencies have joined in 2011 including another hospice provider. We would like to increase Coalition membership and participation to 50 by the end of this year. We currently have 29 VA and community agencies working together in the Coalition, meeting every 6-8 weeks. At least 14 agencies are represented regularly at meetings.
- **Outcome 3:** Create a Chattanooga Area Resource Manual for VA and Community Agencies who serve Veterans.
 - Coalition members have collected the information
 - Manuals are in proof stage
 - Will be distributed and used by all member agencies, regional hospitals and health departments, libraries and many other outlets

- **Outcome 4:** Achieve “We Honor Veterans” Partner Level Three status- Developing and strengthening relationships with VA medical centers and other Veteran Organizations. Increase knowledge and engagement of HOC interdisciplinary teams with Veteran patients and their families.
 - On track to complete FY 2011.

Process

- **Partnership descriptions:** When this grant was awarded the only existing partnerships were between Hospice of Chattanooga and a few organizations like the Area Agency on Aging with whom we serve similar populations not related to any Veteran issues, and with Hospice of Chattanooga and the VA with whom we had a lot of misunderstandings when the grant was awarded.
- **New partnerships:** The partnerships we have developed during the grant cycle began with the VA and our healthcare counterparts at Chattanooga CBOC and moved to the VISN 9 level. We partnered with the City of Chattanooga, the homeless shelter and healthcare center, all the regional Veteran Service Officers and our friends at the Vet Center, Disabled American Veterans and many Veteran organizations as well as provider agencies including the Area Agency on Aging & Disability, Siskin Hospital for Rehabilitation, the Epilepsy Foundation, the Chattanooga Area Brain Injury Association and many more.
 - With VISN 9, we resolved many administrative matters including an understanding of expedited enrollment and approvals to provide care or change levels of care, and billing procedures.
 - With our Veteran Service Officers and CBOC counterparts, we learned a great deal about helping to secure Veterans’ benefits
 - With our CBOC we gained an understanding and did cross training on collaboration in developing Plans of Care; coordination of services such as transitions between venues, obtaining orders; and other matters as well as assistance in educating our hospice agency staff, partner agency staff and community.

Sustainability

Hospice of Chattanooga plans to sustain the work we have started in our community. Our Chief Medical Officer Dr. Terry Melvin has become actively engaged as the hospice and palliative care leader for this work including:

- Support and coordination for the Southeast Tennessee Veterans Coalition, with continued participation in all meetings (in partnership with VA and community agencies) to address issues specific to area Veterans, and service providers and for networking and education opportunities. Resources needed to sustain this project include continued interest and support from partner agencies invitations to other

interested parties in the area such as hospitals, home health agencies and nursing home providers.

- Veteran volunteers support for our Veterans. Hospice of Chattanooga and Avalon Hospice have implemented successful volunteer programs and many partner agencies have similar efforts where Veterans provide services for other area Veterans and their families.
- Hospice of Chattanooga, Avalon Hospice and other partners are committed to continuing education for clinical staff in Veteran issues including year round training for Physicians, RNs, Chaplains and Bereavement Staff, Medical Social Workers, CNAs and others. We also serve as education resource partners with the CBOC and for the Veteran Service Officers.
- Continued utilization the Military History Checklist and utilization of the FEHC-V begins in 2011 at Hospice of Chattanooga, asking about Veteran status on admission and following through with initial social work assessment.
- Education about Veteran care is provided on an ongoing basis to all current staff and will continue to be a part of the new employee orientation, ensuring that all employees have a good knowledge of caring for Veterans at the end of life and are aware of resources available when they meet a Veteran who needs support.

Replicating the Model Program

- For working with the VA Health Care System, it was helpful to understand which VISN, CBOC and VAMC were in our area. Helpful contacts within VA are the area's VISN Palliative Care Team and Clinical Champion. On a local level, it is helpful to establish rapport with the CBOC Social Worker, Nurse Manager, Business Manager and/or Medical Director. A good website to help navigate the VA system is www.va.gov.
- For rural outreach and great basic assistance, State and County Veteran Service Officers for each area have it covered. Most counties in your state will have a VA Service Officer. Their role is to help Veterans apply for all benefits available to them. Some will have a VSO (Veteran Service Group- American Legion for example) that helps with VA benefits and counseling. They may be full time or part time. To find out how to reach the County Service Officer for your area call the County Courthouse or access a list at www.navsco.org "Find a Service Officer"
- The local Vet Center provides counseling for combat Veterans, bereaved families and Veterans who have suffered sexual harassment during time of service. They are a part of the VA System but are located outside of the VA. The Vet Center has been instrumental in helping us with outreach and education this year.
- A quick way to access a Veteran's DD214 or discharge papers is through www.archives.gov, "eVetRecs". One could also contact the state Military or War Records Department. Veteran Service Officers also help Veterans obtain copies of their DD214.

- For developing an area coalition- it is helpful to invite members from VA agencies and community agencies. VA agencies may include:
 - Veterans Affairs Office
 - VA Health Care (Clinic, Medical Center or VISN level)
 - Vet Center
 - National Cemetery
- State and County Veteran Affairs Offices are located in all areas of all states. VA HealthCare and National Cemeteries are not available in all areas. It would be helpful to invite someone who is knowledgeable about these benefits- such as a county service officer.
- For community agencies- explore all resources and agencies that might serve Veterans. This would include your local:
 - Community Kitchen
 - Shelters
 - Hospitals and Home Care Providers
 - Nursing Homes
 - Legal Aide
 - Area Agency on Aging
 - Our local Area Brain Injury Association has also become a strong partner in the coalition and taken a leadership role.
- Invite area Veteran service agencies such as the Disabled American Veterans. These groups are wonderfully supportive and rich in resources and history. Consider agencies who serve Veterans of all ages, not only those focusing on hospice care.

LINK of Hampton Road, Inc.
Hampton Roads, VA

Project Summary

This project was designed to meet the needs of rural and/or homeless Veterans who are in need of palliative care or within 6 months or less of death. It utilizes private homes adapted to meet the needs of terminally ill Veterans. The homes and the people opening their homes to the dying -home hosts - are a part of a team of not just professionals, but volunteers, other caregivers and family, with the goal of providing the best quality of life for the Veterans in the time that remains in their journey. These Veterans, particularly the homeless Veterans, are generally no longer capable of caring for themselves, are without family members, or without family members who can or will assist them in the final steps of their life journey. The home setting provides an environment in which the Veterans become part of a "family," and can be in control of their final stage of life.

This project was designed to assure that each Veteran maintains dignity and experiences the warmth and peace that accompanies the support of "family" who truly care about their comfort. The support minimizes the emotional fear of dying lonely and alone.

The project achieved the goal of assuring the participating Veterans experienced their final journey with peace and dignity in a loving, caring family environment. The hosts, most of whom never received reimbursement for their care of the Veterans, were grateful for the opportunity to share their homes and provide a loving, supportive environment for each Veteran. The total agency, including the Board of Directors, embraced and supported the project.

Outcomes

The goals for Option Year 2 were to:

- (1) Continue to support Virginia partners
 - LINK continued to meet with Richmond partners in face-to-face meetings and Roanoke with 1 face-to-face meeting and 2 meetings via phone conference.
 - Both partners received the Replication Manual.
 - The progress of the Richmond partners became stalled when there were legal questions. An attorney was recruited who agreed to provide guidance free of charge.

- (2) To develop a plan to sustain the program at the end of Option Year 2.
 - Discussions were accomplished with Riverside Hospital, Sentara Hospital, Mary Immaculate Hospital, a VFW unit and the state hospice organization. The state hospice organization agreed to continue the work with assistance from LINK. It suggested to the organization that unused funding would be shared, provided the plan is authorized by NHPCO.

Process

- a. At the time the original grant was awarded, the major partner was Sentara Home Health and Hospice Program. We had a letter of support from the Hampton VAMC. Our support from Sentara Home Health and Hospice Program was solid and unwavering. The support from the Hampton VAMC was challenging in the beginning and improved through the life of the grant. The partnerships with Richmond and Roanoke were encouraging and helped LINK focus on the potential for replication of the program in other parts of Virginia and elsewhere in the nation.
- b. Relationships developed with partners:
 - i. Administrative or business activities – With the assistance of the VAMCs in Richmond and Hampton, we developed a process for qualifying Veterans for benefits. The greatest challenge we encountered was that Veterans without financial benefits passed before receiving benefits.
 - ii. Clinical activities – With assistance from partner Sentara Home Health and Hospice Care, we were able to develop processes for clinical care. The processes worked well.
 - iii. Outreach – We developed productive relationships with community hospice and homeless service agencies and homeless Veterans through the programs of LINK, but should have put more focus on Veteran Service Organizations. The limited relationships with service organizations were helpful in recruiting volunteers and hospice care equipment such as beds, wheelchairs and linens.
 - iv. Education – LINK staff provided education to homeless program providers through civic organizations, the local Continuum of Care Council, the Commission on Homelessness, through the Homeless Outreach staff at the VAMC and through presentations to the hospice provider group that was organized by the Hospice Program at the VAMC. Educational presentations were made to the hospice programs at the local hospitals and through our Richmond and Roanoke partners.
 - v. Potential partners – as noted above, were we to continue the project, we would develop stronger partnerships with the Veterans service organizations in the community. We began a relationship with Wounded Warriors and talked about ways we could work together. Shortly after the talks began, the area coordinator left the program and the relationship was not continued.

Lessons Learned

It is critical to find the individual(s) at your VAMC willing to champion your project. Most importantly, DON'T GIVE UP! Begin with the Homeless Outreach team and sell them on the project. It will be an easier sell as they work with the homeless in your community. In many VAMCs a hospital nurse is a member of their team, which means there is an awareness of the health issues of the homeless. Make contact with the Palliative and Hospice Care Unit. If your VAMC does not have an inpatient hospice facility, they usually contract with community hospices and they should be interested in your project. One of the fastest ways to reach staff that can be of assistance is to make a presentation to the center's social workers. Your Homeless Outreach Team should be able to help you get on

their meeting schedule for a presentation. Be sure to touch base with the VISN and CBOC programs in your area. They are also a great source of referrals.

Community partners must be impassioned so they will take an active, leadership role. Put a face on your project. Develop a passionate needs speech about the need for hospice services for homeless and rural Veterans. Include statistics that support the need in your community. Go first to programs that likely share your concerns as a result of the work they do, whether it is homeless or rural services, Veteran services or a hospice program. Once you get a program on board, use that program as leverage to get others involved. Programs will often be more receptive and agreeable once they learn what other programs have committed. When looking at partnerships don't forget faith-based communities and Veterans service organizations and civic groups. Addressing community needs is generally in their charters and they are particularly sensitive to Veteran projects.

Home Hosts should be reimbursed for the care of the Veterans. The benefits a Veteran receives varies greatly. The Veteran must know upfront that the service is not free of charge. The amount of benefits a Veteran receives, whether the benefits are VA or civilian, such as SSDI, vary from Veteran to Veteran. Additionally the schedule of payment of the benefits may be such that reimbursement may not be available at the time the Veteran enters the host home. When a referral is made, you need to ascertain the amount of funding the Veteran has available. As you are making a decision about placement, it is important to be upfront with the host as to the amount of funding that is available. Some hosts are willing to provide the service without reimbursement while others need to bring someone into their home to assist in the non-medical care of the Veteran, in which case reimbursement would need to cover that cost. Before the Veteran enters the home, an agreement to reimburse the home host should be signed. Sometimes a Veteran has a bank account and is willing to reimburse from the account while waiting for a check. That is not usually the case with homeless Veterans. Unless you have hosts who are not as concerned about reimbursement as they are about helping the Veterans, you must be aware of the Veteran's prognosis – if death is imminent, there will likely be no reimbursement, as benefits are not retroactive.

Hosts must receive support following the death of the Veteran. Home hosts become involved in the program because they care deeply about Veterans and the sacrifices they have made for our freedom. They take Veterans into their homes and make them part of their families because they care and wish to honor Veterans. Your hosts may be Veterans themselves or have immediate family members who are active duty military or military Veterans. So, before the Veteran enters the home, there is an attachment and a kinship. While in the home, the Veteran becomes a member of the host's family and a bond is formed. When the Veteran passes, the same grieving process occurs that occurs with an immediate family member. The medical hospice provider will likely provide bereavement services and offer them to the host family. Encourage the family to participate in that or another community bereavement program. If a host has loss issues that have not been addressed, you should not place another Veteran into the home until such time that the issues are being addressed.

Many Veterans have mental health issues, including PTSD and substance abuse that are intimately tied to their military service. As they near death, they may be reliving

experiences that trigger reactions to their issues. Deborah Grassman, ARNP, a Nurse Practitioner who has been with the Department of Veterans Affairs (VA) for 24 years, is considered an expert on issues related to hospice and palliative care of Veterans. The following is an excerpt from her article "Veterans: An Underserved Population" dated January 2007. In the article she writes "Veterans have unique, often unrecognized hospice needs that complicate the dying process. For example, military culture instills stoic values that might interfere with peaceful dying. A "fight to the bitter end" attitude complicates death, requiring skillful intervention from hospice clinicians. On a battlefield, death is the enemy and "surrender" is failure; yet much of hospice work focuses on "letting go" and "surrendering." Additionally, combat Veterans' last experience with death may have been filled with fear, horror, and helplessness on the battlefield. These associations may also interfere with a peaceful death. On the other hand, because death is no stranger to combat Veterans, they often report that they've faced death before and are not afraid of it.

To address these barriers, here are some suggestions for improving hospice care provided to dying Veterans.

- Assess if patients are combat Veterans or have experienced any other military trauma. (Don't assume all combat Veterans sustained trauma; some had "safe" assignments. Don't assume all non-combat Veterans did NOT sustain trauma; many served in dangerous assignments.)
- Anticipate that Veterans may underreport pain or fear because of deeply-held stoic values.
- Remember that combat Veterans may have sustained mental, emotional, social, spiritual, and moral injuries. Moral injuries especially might complicate death. Those who have not only witnessed trauma but caused it may need encouragement to touch the moral injury and engage in the work of forgiveness. Don't dismiss their guilt with platitudes; instead, create a safe emotional environment for guilt to emerge.
- For patients with Post-Traumatic Stress Disorder (PTSD), eliminate as many "triggers" as possible. Remember that coming into a hospital (especially a VA hospital) often triggers past military memories of barracks, procedures, unsafe environments, past combat hospitalizations, visiting injured comrades, etc. A government hospital and its employees may not be trusted by Vietnam Veterans. On the other hand, a VA hospital can be like "coming home", supporting their soldier identity while providing camaraderie and a sense of belonging.
- Loud or unexpected sounds may startle people with PTSD. Don't touch them without first letting them see you or calling out their name."
- Develop a sustainability plan to support the program beyond grant funding. If your program is a part of a nonprofit organization, you can research grants that will support the program. Hospital foundations or United Way often look for such programs. The program is fairly low budget, so a Board of Directors or a civic

organization that is committed to serving Veterans may be willing to raise the funds in an annual fundraiser. This is also a project that a Veterans' service organization may be willing to champion, using an individual in their organization as the coordinator and in-kind services from business affiliations of their members. In today's economic climate, raising funds is difficult, but in spite of the difficulty, funders and donors are willing to listen to the need and programs that will address the need.

The Life-blood of this project is the strength and diversity of the community partners. In as much as this project is focused on cost efficiency, it cannot be accomplished without the support of a variety of programs, individuals and groups within the community.

A strong relationship with a **VA Medical Center** is critical. It is important to identify the individuals and programs within the Center that work with the homeless Veterans and the hospice program, including the nursing, medical and social work professionals that can identify and refer individuals who are appropriate for a hospice program. It is important to develop a relationship with an individual at the Center who is familiar with benefits and who can facilitate accessing benefits. Remember, every VA Medical Center is an individual entity. Each Center operates differently. What works in one Center may not work in another. Do not become discouraged, it may take a while to identify the key staff members that are willing to support the project.

Also remember, the staff person you contact may want to help you, but may be limited in his/her ability to help. Again, do not become discouraged, keep trying. Possibly the place to begin is with the Homeless Veterans Outreach Coordinator. That individual is particularly aware of the needs of the homeless population in the community, their needs and their access to services. Once you establish the relationship and accept Veteran referrals, keep the individual/department in the loop related to the Veteran's status in the program. Be sure to advise the referral source of the death of the Veteran. You should also communicate with the **Hospice Veterans Partnership**, the local **CBOC** (Community Based Outpatient Clinic) and your area **VISN** (Veterans Integrated Service Network). Advise them of your program, your mission and your goals. They can be helpful in directing you to the appropriate staff members at your VAMC as well as referring Veterans needing hospice care.

Your **state hospice association** is an invaluable resource. Among the membership are hospice programs throughout the state. Ask if you can be listed on their web site. As a member, you can be mentioned in their newsletter and perhaps have access to their data base. They are a powerful advocacy group and connected to the VA and National Hospice and Palliative Care Organization.

Equally important is the partnership with a **community-based or hospital-based hospice** organization, particularly one that has a strong volunteer training program. The hospice program routinely trains volunteers and most likely has a procedure and curriculum in place. The hospice program must be willing to work with the VA Medical Center to develop a protocol for referring Veterans to a hospice home. The program must also have in place and adhere to a strong quality assurance program. Veterans must be assured nothing less than a quality, comfortable final journey. It is entirely feasible that

there may be partnerships with more than one hospice provider. Remember, we must assure that the Veteran has choices. If your program is in an area that has more than one hospital with a hospice program, you may get hospice referrals from multiple hospitals. If the Veteran has a relationship with a referring hospital, it will make the transition from hospital to hospice easier by continuing with the referring hospital's hospice program.

A home hospice program is a natural fit for the **inter-faith community**. They are a rich source for volunteers, funding and donations of equipment and supplies. The inter-faith communities have their own networking and communications system. Generally one key contact can get your message or needs circulated to multitudes of members. Within each community are outreach groups or circles. For example, a men's group may be willing to take on building ramps or making minor repairs to make a host home wheel-chair accessible. A sewing circle may feel particularly called to make quilts or comforters for beds. Even youth groups, if properly prepared and supervised can cheer up a hospice Veteran by sharing books, bringing in disciplined pets, etc. The faith community is also a good source of specialized equipment such as wheel chairs, bed-side tables, etc. Some churches may have a lending program for equipment or be willing to begin one on behalf of the hospice program.

Veteran Service Organizations seek out programs such as the home hospice so their members can provide Veteran-to-Veteran support. Veterans have a special and unique way of communicating their experiences, experiences that only they understand among themselves. Always give the hospice Veteran the option of having a Veteran provide support. The organizations will welcome a speaker at their meetings to provide awareness of the home hospice program. If there are problems identifying key staff at the VA Medical Center or if there is a communication problem, often a member of one of the service organizations can become the conduit to identifying staff or improving communication. It is an added plus if a member will accompany you to VA meetings or public speaking engagements. The presence of the VSO member adds credibility to your program.

Most communities have homeless programs, which may include shelters and/or medical clinics. A relationship with the **homeless service providers** is important. Remember that some homeless Veterans do not have a relationship with their local VA Medical Center. This is particularly true for Vietnam era Veterans. If your community has a Continuum of Care for homeless service providers, become a member. It is all about collaboration -- you can help them and they can help you; and together you help the Veterans! If you receive referrals from homeless shelters, you need to be aware that many homeless Veterans have not been enrolled in the VA and you will need to call your VA contact to get them enrolled. Also, if an enrolled Veteran has not used the services of the VAMC in over a year, they need to re-enroll.

You need the **media**. A well-placed news article about the program is a great recruiting tool for home hosts and other volunteers. Don't limit to just print, try for an interview on local television.

Civic organizations look for speakers. Again, this is a source of volunteers, group projects, supplies and even referrals. A 30-minute presentation may be well-worth your

time when a group offers to build a ramp, provide a lending-library of books or videos, transportation for a member of the Veteran's support network or numerous other worthy projects that can add to the comfort and quality of life of a dying Veteran. Veterans without VA benefits or with few benefits may need to supplement their resources with civilian benefits. You will need to familiarize yourself with civilian benefits that are available in your community, including federal entitlement benefits. It is helpful to establish a relationship within the **Social Security Administration** and **Department of Human Services**. In most cases, benefits will be expedited for an individual with a terminal illness.

Other thoughts:

Always let your partners know how much they are appreciated. Keep them in the loop; share minutes of meetings and important updates and progress.

Define the roles and expectations of your partners.

If hospice providers are not using the Military Check List when serving Veterans, encourage them to do so.

Learn as much as possible about your VAMC and Veterans Service Organizations. Understand their work and their challenges. Take time to learn their "language" and use it as you communicate with them. Doing so will make communicating easier and they will appreciate that you have taken the time to "speak" their "speak."

Sustainability Plan

At this time, LINK will not be continuing the project. There is a need for the program in this community and LINK would like to continue the project, but without funding and the assistance from our local partners, the agency's Board of Directors cannot support the project. Our Richmond partners are committed to continuation of the project. We have agreed to be available to assist wherever needed and have shared our replication manual, as well as our successes and challenges. Close to 100 programs throughout the nation have expressed interest in the program; and we have provided them with an electronic copy of the replication manual. We have communicated with one program that has initiated a version of the program in their community.

A Replication Manual has been developed and sent electronically to the NHPCO office. It is posted on www.WeHonorVeterans.org on this [page](#).

Option Year Two Grantee Final Reports

Guardian Hospice Franklin, TN

Project Summary

- **Type of Reaching Out Model Program:** The Community Partnership Program (CCP) consists of multiple community organizations and/or representatives who serve and/or encounter rural and/or homeless Veterans. Our primary goals for the program were to centralized community resources, develop reference material and disseminate throughout community, offer immediate and sustained support services, and raise awareness of Veteran related issues.
- **Purpose and aims:** Develop mechanisms to facilitate the transition of Veterans' across multiple support systems available in the community.
- **Impact of project on Veterans and the agency:** Veterans enrolled in hospice have experienced a smoother transition in accessing multiple support systems offered by community. We have been able to easily identify Veterans who need additional services offered by the VA and have been able to successfully help the Veteran enroll with VA, help identify resources for assisting Veterans with filing of claims for presumed service-connected disabilities, and accessing caregiver support services.

Outcomes

- Expected Outcome 1: Recruit and train committee members in performing outreach activities. Veteran Outreach Committee includes hospice and palliative care professionals, community organizations that serve Rural and Homeless Veterans, first responders, and other service providers.
- Actual Outcome 1: Recruited and trained committee members in performing outreach activities throughout Grant period. Through process of developing a Veterans Pocket Guide 30 organizations and 110 representatives committed to improving Veterans' access to care and services have verbalized their ability to either help Veterans they encounter more competently, perform presentations in the community, and/or are currently utilizing CPP resources and representatives to ensure a smooth transition across multiple support systems.
- Expected Outcome 2: Raise awareness of community healthcare and service providers, first responders, and other community organizations about Veterans living in a defined geographical area, the unique end-of-life needs they may have and the benefits to which they may be entitled by creating a coalition of VA and

community organizations. Organizations to include those who serve homeless and rural areas and that address issues for Veterans and returning soldiers.

- **Actual Outcome 2:** Conducted over 60 presentations and 40 meetings with community representatives who serve or encounter rural or homeless Veterans. This has enabled us to reach an estimated total of 1,275 people in our community to increase awareness of Veteran related issues. Topics discussed include Health Risk According to Era of Service, How to Access VA and Community Resources Available to Veterans, PTSD, Top 10 Issues Homeless & Rural Veterans Face, Veteran Cultural Considerations, End of Life Care for Veterans, Grief and Bereavement, and other topics represented in EPEC and ELNEC for Veterans Modules.
- **Expected Outcome 3:** Disseminate educational materials that can be used by VA and community agencies to help Veterans access services and benefits.
- **Actual Outcome 3:** Educational material disseminated at each Community Partnership Meeting monthly. Committee members conducted 14 presentations in collaboration with the VA as part of the Hospice-Veteran Partnership. Also over 30 educational seminars were held at local nursing homes, hospitals, Veteran Service Organizations, and shelters. Committee also participated in creation of the "Brown Bag" and included in the bag will be a "Veteran Pocket Guide" which will outline local community resources available for housing/shelters, transportation, food, VA Benefits, substance abuse, hospice services, health risk according to era serves, PTSD, mental health, Veteran Service Organizations, Veteran Service Officers, VA claims help, funeral/burial info. Pocket Guides will be disseminated to Veterans at the annual Operation Stand Down Event in November, 2011.
- **Successes:**
Monthly meetings with Community Partner Consultants, community presentations resulting in increased awareness of Veteran-related issues and how to assist a Veteran with obtaining services, process for getting Veteran medications when too weak to travel, expediting referral to admission process, process for recertifying patient for hospice services covered by VA.
- **Challenges:**
The committees initial thought process was to create a referral form. We concluded that having a provider complete a referral form would pose hardship on provider and may be too invasive for a Veteran to have certain questions asked. The committee decided to take a less invasive and less cumbersome approach to reaching our Veterans based on a "Brown Bag" theory which was an idea brought forth by a Marine who served as a Combat Engineer during the Vietnam Era.
"Brown Bag Theory" by John Simpson (USMC): In the Military, men/women who were on field operations were issued "ration" bags. The color of the bag was usually brown. Each bag contained items the Veterans would need while away from access to necessities. Each bag may contain

items such as a P-38 (can opener), playing cards, toiletries, etc. The concept is for each community partner's organization "sponsor" one item placed in the bag. The item that their organization sponsors would have information about that particular organization and how to access their services. This may be a unique way to reach out to Veterans in the least invasive way possible.

Bag content ideas: *Front card would feature the logos of all the community partner organizations and info about the CPP project. Inside each bag would be personal necessity items, free meal coupons, mini flashlight, chocolate bar, etc.*

Sustainability Plan: Host a We Honor Veterans Fair annually, seek item sponsorship.

Dissemination of Information: Brown bags- Give to homeless outreach workers, churches, shelters, etc.

- **Stories:**

- To date, over twenty Veterans have been assisted by the Community Partnership Program participants; twelve were currently enrolled in hospice. One of the Veterans enrolled in hospice was diagnosed with terminal cancer that he and his family presumed to be related to his service in the military. The hospice social worker collaborated with a local Vietnam Veterans of America representative and the County Service Officer to help the Veteran file his claim. The VA worked diligently in expediting his claim knowing that he had a terminal illness. This Veteran and his family received \$80,000 as part of the remuneration efforts shortly before he passed away. This resulted in allowing his family to be more financially secure and the support he received helped this Veteran have a peaceful life closure.
- Other Veterans enrolled have been assisted by the CPP participants in other ways as well such as helping to secure permanent housing, offering CG support via Aid and Attendance, helping Veterans file claims for presumed service-connected disabilities, offering competent and compassionate care to Veterans who faced combat or dangerous duty assignments.
- Veterans not enrolled in hospice care received support from the CPP participants as well by contacting one of the representatives and networking with the rest of the group.

Process

- **Partnership descriptions:**

- Partnerships that were in place upon Grant approval included:
 - VA Palliative Care Team
 - VISN-9 Palliative Care Manager

- Veteran Service Organizations (AMVETS, VVA, VVOFNF, American Legion, VFW, DAV)
 - Shelters (i.e., Operation Stand Down).
- During the grant cycle Representatives from multiple entities joined forces in an effort to improve access to care and services for Veterans.
Representatives include:
 - Assistant Commissioner from the VA Regional Office
 - Women Veterans Coordinator
 - Rural Outreach Coordinator
 - legal representatives and attorneys
 - sheriff's department
 - local jail employees
 - additional housing/shelters
 - homeless coordinators
 - Veteran Service Officers
 - funeral homes
 - additional Veteran Service Organization representatives.
- **Relationships developed with partners:**
 - Administrative or business activities (referrals, expedited enrollment, approvals to provide care or change levels of care, billing procedures, helping to secure Veterans' benefits, quality improvement)
 - VA Enrollment and/or Claims Assistance: List of County Service Officers updated per VARO and copy distributed in August monthly CPP Meeting on 8/18/11 (20 Participants). Social Workers and Executive Director received training on how to assist Veterans enrolled in hospice care with VA claims related to presumed illnesses. All committee members and consultants received and will continue to receive training regarding health risk according to era of service to assist with identification of Veterans who may benefit from knowing more information about risks.
 - Implemented NHPCO's survey FEHC-V questions that are directly related to care of Veterans. This has enabled hospices to identify areas of improvement needed and evaluate the caregiver's perception of supportive services offered to Veterans enrolled in hospice care.
 - Clinical activities (collaboration in developing plans of care; coordination of services such as transitions between venues, obtaining orders; communication such as obtaining orders, covering after-hours, notifying changes in status)
 - VA Covered Meds (non-hospice covered) Proposed process reviewed by VA team. Process for requesting non-hospice covered meds being mailed to patient from the VA when Veteran too is weak to travel and needs to renew prescription. August UPDATE: Process reviewed by

Palliative Care, Quality Assurance, and Pharmacy Department.
Process pending final approval scheduled in September.

- VA Hospice Services: Established VA Hospice Recertification Communication forms for expedited approval on hospice recertification. Form assists with Billing Procedures.
- Outreach (Veterans, community agencies and service organizations)
Long-term relationships maintained by committee members offering direct support to Veterans, community agencies, and service organizations through participation in Veteran-related events, fundraisers, meeting attendance, and offering educational sessions.
- Education (agency staff, VA facilities/staff, community)
Committee members utilize ELNEC and EPEC modules to offer education within the community of providers. The VA actively seeks hospice representatives from community hospices' to assist with providing presentations to VA employees and local hospice agencies in the area one to two times monthly.
- Potential partners
 - The CPP Committee has recognized the need to recruit representatives from the Public Library, prison, churches, metro police, and National/State Guard. Representatives will be invited to participate in monthly CPP meetings and asked to serve as a consultant.

Sustainability

- **Agency's plans for continuing model program**
 - Continuation of monthly meetings, further developing the "core" committee that consists of all representatives within the model.
 - Ongoing, regular reporting to leadership and staff to discuss success stories with team and with committee.
 - Community Education- Host annual "Community Partnership for Veterans Awareness Campaign" seminars.
 - Follow WHV Levels as guide for educating team and community.
 - WHV resources, other resources such as resources and rep's from VA, VSOs, and Service Officers to assist with educating community providers.
 - Securing a 501c3 status for fundraising and establishing an official Board of Directors. Also, continue promoting in-kind donations and hosting an annual "We Honor Veterans" Fair. Local VSOs and other providers will be invited to assist and offer services at the event.
- **Disseminating the program beyond agency**
 - Template tools such as the Veterans Pocket Guide will be developed for dissemination to other counties. A representative will be appointed as a leader in their respective area so that the tools may be maintained within

their community. Leaders will be required to attend training events on a quarterly basis.

Replicating the Model Program

- **Tips for replicating the model:**
 - Know what is going on in your community i.e., Vet statistics, barriers, population of Vets in areas.
 - Get involved with local VSOs (Veteran Service Organizations) and shelters.
 - 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. Don't make tools complicated or cumbersome to use.
 - One type of tool won't work for all- define your target groups and develop simple and easy to use tools that the particular group will be most likely to use.
 - Lead person to help keep group focused on tasks at hand.
- **Tips**
 - Building relationships with the VA and Veterans' groups
 - The best approach to building relationships is to volunteer your time to assist with making their programs successful. An example would be to set an appointment up with the VA Volunteer Coordinator to determine if there are any volunteer needs that your team may be able to assist them with.
 - Another tip for building relationships with the VA is to stay in communication with them via meetings, emails, or phone calls to ensure they are updated on patient status. Finding out what their challenges are and offering solutions may be helpful as well. It may also be helpful to offer to assist them with education activities based on your area of expertise.
 - For Veterans' groups, it is important to allow the relationship to develop over time.
 - Look for organizations that are nationally recognized such as AMVETS, Vietnam Veterans of America, American Legion, DAV, and VFWs (Veterans of Foreign Wars).
 - It is also important to start with one or two organizations at first since they will know key contacts to assist with your Community Partnerships development. Most Veteran Service Organizations need help with fundraisers and need members to support their programs. If you are a Veteran, join their organization if you are eligible and if you

are not eligible or are not a Veteran then join their auxiliary if one is available.

- Research on Veteran Service Organization prior to involving yourself is important as there are some that are not considered trusted organizations by Veterans in the community. In the Middle Tennessee area for example, we encountered two VSOs that operated inappropriately (i.e., only 10% to 15% of their annual income went to support Veterans). Our organization was fortunate enough to have trusted VSOs involved who deterred us from getting organizations such as this involved.
- Building relationships with other provider groups and community partners
 - Once you have built relationships with local Veteran Service Organizations, shelters, and community hospices participants will help you locate other resources in the community that will be helpful in establishing and maintaining your program. Reach out to people who either serve or encounter rural or homeless Veterans in your community.
- Engaging Veterans
 - Don't ask them to share war memories. As your relationship develops they will most likely open up if they trust you.
 - Be mindful of your expressions and do not show judgment. It is best to just keep your facial expressions relaxed and just quietly listen. Also, get comfortable with silence, allow him/her to express freely without interruption.
 - If they tell you about a traumatic experience or something they did and appear to not have any emotions attached to it, understand that this may be a coping mechanism and may be related to PTSD.
 - Approach with good intentions to help vs. trying to grow your business.
 - Be truthful and honest in all your communications with Veterans—some have had extensive training on reading people and they can spot someone easily who is dishonest.
 - Don't assume anything—keep your mind open and listen more than you talk.
 - Understand and accept that there are some Veterans facing homelessness as their preferred lifestyle. Our only responsibility is to offer services but they maintain the right to accept or not accept if they are competent to make their own decisions.
 - Research and become knowledgeable about the Veteran culture. Culture of Veterans is different depending on branch of service, rank, era of service, etc. Culture and military experience can impact how they communicate, view end of life issues, and how willing they are to

accept help from providers. Green Berets/ Special Forces training can include interrogation as part of their training—if you feel interrogated take a step back and recognize that this is perhaps a normal part of daily communication for this individual. Another example may be an Army Drill Sergeant—not all but some who have spent years in the military may react with a loud voice and powerful stance. Just recognize that this is their culture and to respond with respect and calmness.

- Understand and know the symptoms of PTSD to help understand Veterans who have faced combat or dangerous duty assignments. Not all Veterans who faced combat have PTSD but many do.
- Be aware of Veterans in your immediate areas and in your daily life to learn more about them. For example; We can often spot a Veteran anywhere because of something they are wearing: a lapel pin they wear on a tie, a ring, a baseball cap, a t-shirt with their branch of service, a sticker on their car representing their era of service, etc. When you do identify a Veteran and feel it is appropriate to approach, tell them we honor them and thank them for their service. Also saying “Welcome Home” sends a good message that we support them.

Hospice of Central Iowa (HCI) Care Services West Des Moines, IA

Project Summary

HCI Care Services' Veteran-to-Veteran Volunteer program was designed to recruit and train Veterans so they can offer companionship and understanding to hospice patients with a history of military service. The funding was used to establish a specific orientation for these volunteers and to hire a Veteran volunteer coordinator to educate and recruit throughout HCI Care Services' 35-county service area while speaking to groups of Veterans. The grant also provided funding to ensure that all HCI Hospice Care Services clinical staff was equipped to best serve patients who are Veterans during their end-of-life journeys.

Outcomes

- **Expected Outcome 1:** Establish specialized training and orientation programs that address: end-of-life needs of hospice patients; post-traumatic-stress-disorder (PTSD) signs and symptoms; suicide risk signs and symptoms; serving Veterans who have experienced combat, dangerous duty assignments or traumatic events.
- **Actual Outcome 1:** Partnered with Veteran Affairs Hospital (VA) of Central Iowa palliative care director and palliative care coordinator, who provided an educational presentation to all HCI Care Services volunteer coordinators on PTSD, suicide risk, sexual assault and substance abuse in the Veteran population (Appendix A). Utilized Veteran Integrated Service Network (VISN) support, We Honor Veterans (WHV) information and VA Central Iowa staff input to create volunteer orientation training presentation and guide (Appendix B).
- **Expected Outcome 2:** Establish training program that instructs Veteran-to-Veteran volunteers how to participate in speaking and outreach within communities, homeless shelters, support organizations and Veteran groups.
- **Actual Outcome 2:** Our Veteran volunteer coordinator was identified and is a 25-year Veteran committed to serving as presenter to target audience post-grant cycle. Sustainability will come from additional salary folding into agency operational cost. All Veteran-to-Veteran volunteers are eligible to receive HCI Care Services Speakers Bureau training if they wish to represent HCI Hospice Care Services within their communities.
- **Expected Outcome 3:** Recruit and train 20 Veteran-to-Veteran volunteers with at least one in each of HCI Care Services' nine service areas. Meet with and present to Veteran-specific community groups to educate and recruit potential Veteran-to-Veteran volunteers.

- **Actual Outcome 3:** Veteran volunteer coordinator (VVC) made 10 presentations to Veteran and/or community groups including community Rotary, VFW, Foreign Legion and Paralyzed Veterans of America groups. He also met with more than 25 individuals representing such groups or other constituents to educate on the program and needs. Through this networking, our VVC was able to conduct one radio interview and one television news interview to describe the program and to discuss HCI Care Services' support of Veterans. HCI Care Services placed recruitment ads in 34 newspapers throughout the service area, and HCI Care Services was able to serve as the primary hospice sponsor for the Dignity Memorial Vietnam Wall replica. The VVC participated in the Dignity Memorial Vietnam Wall activities by attending to ensure anyone interested in volunteering with HCI Care Services could visit with an HCI Care Services representative. HCI Care Services also offered onsite bereavement services to any attendees in need of support. The VVC also was able to participate in a Memorial Day event at Camp Dodge in Des Moines, Iowa, where he was able to interact with Veterans and distribute more than 9,000 pamphlets developed to recruit Veteran-to-Veteran volunteers. The end result at the time of this report is that HCI Care Services has trained 20 Veteran-to-Veteran volunteers and has served 12 patients within the Veteran-to-Veteran volunteer program. Two of nine service areas have yet to identify and train a Veteran-to-Veteran volunteer. Many HCI Care Services volunteer coordinators have also mentioned that potential volunteers have expressed interest but have yet to be trained.
- **Expected Outcome 4:** Identify content experts who could provide training to clinical staff onsite or via webinar to ensure all HCI Care Services clinical staff can meet the needs of patients who are Veterans at end-of-life.
- **Actual Outcome 4:** HCI Care Services has partnered with an ELNEC-certified trainer from VA of Des Moines to provide training to HCI Care Services clinical staff on cultural issues of Veterans in palliative care, with 24 clinical staff attending the presentation. We also have purchased five ELNEC for Veterans online modules. Sixty-one nurses completed Module One, Introduction to Serving Veterans at End of Life. A total of 124 employees from each discipline completed Module Two, Pain Management. An interdisciplinary clinical staff group of 113 completed Module Three, Symptom Management. All four bereavement counselors completed Module 7. The expectation will be that all seven of the modules will be purchased, and we will have 100 percent participation of appropriate staff for each module. HCI has also had preliminary discussion with Debra Grassman, author of *Peace at Last* about presenting to HCI Care Services staff. Ms. Grassman has offered to travel to Iowa to provide a presentation to HCI Care Services staff at only the cost of her expenses, but her schedule prevents her from coming to Iowa prior to February.

Process

- **Partnership Descriptions**
 - Veterans Administration Hospital of Central Iowa: Prior to the grant cycle, HCI Care Services and VA of Central Iowa had developed a collaborative partnership that had resulted in the development and co-chairing of the Hospice-Veteran Partnership of Iowa (HVP). In addition to the HVP, HCI Care Services and the VA of Central Iowa have had an extensive, multi-year history of partnering clinically in serving patients in need of hospice services. The We Honor Veterans grant resulted in a strengthening of that partnership as HCI Care Services leaned heavily on VA of Central Iowa Palliative Care members in developing the Veteran-to-Veteran Volunteer orientation presentation and in offering education on serving Veterans at end-of-life to HCI Care Services clinical staff.
 - VISN 23 representatives Caroline Schauer and Dr. Jorge Ramirez had previously partnered with HCI Care Services' vice president of patient and family care via support and education provided to the HVP of Iowa. During the grant cycle, Caroline and Dr. Ramirez offered educational support through PowerPoint presentations that were used extensively in the development of HCI Care Service's Veteran-to-Veteran volunteer orientation.
 - McLaren's Resthaven Chapel and Mortuary: HCI was able to partner with McLaren's to support the effort to bring the Dignity Memorial Vietnam Wall to Des Moines. McLaren's coordinated the event, and HCI served as the primary hospice partner. This partnership included offering onsite support and information to those in need of bereavement support, and by providing Veterans visiting the wall with information on how to become involved with the Veteran-to-Veteran program.
 - Community Veteran Organizations: This grant provided HCI Care Services the opportunity to interact and work with a large number of Veteran-based community organizations including VFW Posts, Foreign Legion groups and community groups with a large contingent of Veterans, such as Kiwanis or Rotary groups. The grant allowed our Veteran volunteer coordinator to perform outreach to many groups during the past year.

Sustainability

- **HCI Care Services Sustainability Plan:** HCI Care Services is dedicated to ensuring that the success of the Veteran-to-Veteran program continues well past the identified grant cycle. The current Veteran volunteer coordinator will remain in a role as a spiritual care counselor for the organization and will be available to visit with identified community Veteran organizations. Any time dedicated to educating and recruiting Veteran-to-Veteran volunteers will be absorbed within organizational

operational costs. Recruitment advertising will also continue and will be folded into the overall marketing and advertising plan for the organization. Due to the success of the grant, volunteer coordinators now have a Veteran-to-Veteran Orientation module that can be utilized well into the future, and HCI Care Services will continue its close partnership with the VA of Central Iowa to ensure that the orientation information remains relevant and up to date. Via partnerships with the VA of Central Iowa and Iowa's HVP, staff development and education on Veteran-specific care will continue.

- **Dissemination of Program Beyond Agency:** HCI Care Services vice president of patient and family care will be presenting on the Veteran-to-Veteran Volunteer program at the Hospice and Palliative Care Association of Iowa's 2011 fall conference. This presentation will provide attendees with information on the importance of improving knowledge and understanding of Veteran's needs, and it will outline steps in developing a Veteran-to-Veteran Volunteer program. HCI Care Services will provide this same presentation to members of the HVP of Iowa at an upcoming quarterly meeting.
- **Program Replication**
Replication of the program is easily attainable and can be met utilizing the resources attached in to this grant cycle report. Of particular importance is the presentation titled 'Building a Veteran-to-Veteran Volunteer Program,' which was created to educate other hospices on how to build relationships, engage Veterans and create quality Veteran-to-Veteran programs. This presentation should provide other hospices the ground work needed to succeed.
- **Testimonials**
 - Carol Peterson, HCI Care Services Volunteer Coordinator (email dated July 5, 2011):
Tray,
Currently Metro has ONE male volunteer who has completed the Veteran training. He has already seen one of our patients who is a Veteran. It was amazing to hear how the patient opened up to the Veteran volunteer in regards to his military days. Below is an email I received from VA volunteer Steve Rosenow after his first visit with the patient:
Carol -- I want to give you an update on my visit with John yesterday. I didn't get a chance to send a note then, since I had to go directly to my granddaughter's dance recital.
We spent an hour talking and covered a lot of ground. He had some trouble getting his pocket talker working early on and kept fiddling with it. He said he's got another one that works better, and he'd try to find it. Apparently the incident with the gas mask that may have caused his breathing difficulty occurred while he was on a ship on his way to New Caledonia, where he served. He could remember how long he was there to the exact number of days. Like me: I was in the army for one year, one month and 19 days.

Funny how that kind of thing stays with you. We also covered his time in the Civilian Conservation Corps in Delta, Missouri. That's where he learned to drive.

One thing I learned that I hadn't heard before is that he had a son. He said the son was born in 1940 and died in 1980. It sounded like the son led a wild life and may have met with a violent end. Other than the disappointment that he felt about not having a greater influence on his son, he was in a pretty good place. He does like to talk and would talk about just about anything. He said I could come back anytime, and I'd like to try to visit with him weekly.

- We just finished a general volunteer training (30 attended!) In that class we had 2 (a female & male) who are Veterans and interested in Vet-to-Vet training. As soon as backgrounds clear we can proceed on that. We will continue to utilize Steve for our Veteran patients.
- Cindy Mitchell, HCI Care Services Volunteer Coordinator (email dated July 5, 2011):
Trained Vet to Vet volunteers: 1 Mount Ayr team (none in Osceola) Jake Dailey has visited 3 Vets for about 3 hours (1 hour each, so far) and was a "Bereavement" volunteer for another Vet (probably a couple of hours)
- Success story: Jake was in the Navy (WWII) and his patient also served in the Navy in WWII serving on an Iowa Battleship (not together though) Jake felt there was a good connection and is looking forward to his next visit so they can talk more about their Naval experiences.

Hope Hospice and Palliative Care Medford, WI

Hope Hospice is a rural independent hospice with a census of 15-20 patients located in a city with a population of 5,000. All of the VA medical centers and outpatient clinics that we work with are outside the 70 mile radius of our service area. Hope Hospice and VA Medical Centers involved in this project have helped to connect or reconnect Veterans, if desired, in the Hope Hospice service area to resources that are available to them through the Veterans Administration and VA Medical Centers. Many Veterans do not use the VA facilities on a regular basis due to the long distances from these facilities. Therefore Hope Hospice is used as a community resource both for other agencies, a potential first point of contact for VA Medical Centers and clinics, and as a resource for hospice and palliative care information regarding VA Hospitals for the county Veteran service officer. Hope Hospice is now on the contracted facility list for Tomah VA and we have our first VA paid hospice patient for Minneapolis VA which will assist in the placement of Veterans in the community for these two VA facilities.

Patients and families of Veterans in the Hope Hospice service area utilize the Tomah VA for primary care and potentially inpatient palliative care and also the Madison VA for specialty care, both in VISN 12. The Tomah VA provides primary care and is about 100 miles from the Hope Hospice office in Medford Wisconsin. Clinics associated with Tomah are in Wausau and Loyal are about 50 and 40 miles from Medford. We learned through this grant that a CBOC has just opened in Owen/Withee which is closer at 25 miles from Medford and attended the grand opening. Iron Mountain Michigan VA Hospital is also available for primary care which is about 150 miles and is utilized in VISN 12 for patients in the northern part of our service area with the CBOC in Rhinelander being 55 miles from our northern service area. The VA Madison Hospital which provides specialty level care is about 200 miles from Medford.

We have established a new relationship with the VA in VISN 23 as part of this grant and are better able to connect Veterans to services in this catchment area. In the western part of our service area (Thorp and Ladysmith), the Minneapolis VA Hospital in VISN 23 is utilized which is 130 miles from the western part of our service area along with the clinic in Chippewa Falls which is 35-50 miles. Homeless Veterans in the Hope Hospice service area are also likely to utilize services at state facilities in Chippewa Falls which would have a connection to VISN 23 although VISN 12 Homeless Veterans served through Stand Downs in LaCrosse could potentially be trying to return to northern Wisconsin. The contact information for VISN 23 was added to our statewide brochure for agencies that serve Veterans in western Wisconsin as a result of this grant.

Project Summary

- **Type of Reaching Out Model Program**

Hope Hospice and Palliative Care used the community partnership model between our rural community hospice and two VA hospitals (Tomah VA Medical Center and William S Middleton Memorial Veterans Hospital in Madison) that serve the Veterans in our service area to develop, coordinate and make available training resources to agencies that potentially care for rural and homeless Veterans with life limiting conditions such as EMS, first responders, emergency rooms, homeless shelters, and aging and disability resource centers and at Stand Downs. Materials will be made available to hospices in Wisconsin and others via mailing of toolkits and downloads available on the HOPE of Wisconsin website (the Wisconsin state hospice association). These materials were developed through discussions between the grant partners as members of the Hospice-Veteran Partnership of Wisconsin and Northern Michigan.

- **Purpose and aims:** The purposes of the project were to:

- Inform and provide resources to assist agencies in the development of a plan to address the unique needs of families and Veterans with life limiting or chronic conditions.
- Provide resources and serve as a contact for information regarding issues for the Veteran and their family for post traumatic stress disorder or other disorders due to the Veteran's military history and combat duty experience.
- Raise awareness about Veterans with agencies (emergency rooms, aging and disability resource centers, shelters) that may come into contact with homeless Veterans and all rural Veterans with chronic and life-limiting conditions.

A toolkit was developed that contains resources for agencies including a DVD and audio CD. The Learning objectives for the DVD materials are to:

- Understand how military culture and combat can influence end-of-life experiences
- Recognize the needs of rural and homeless Veterans
- Describe the unique needs of Veterans at end-of-life
- Identify tools and resources to care for Veterans at end-of-life

- **Impact of project on Veterans and the agency:** Veteran Services improved through this grant include:
 - Increased the percentage of hospice patients being asked their military history and increased awareness of the importance of this information, Social Worker attended ELNEC for Veteran training. The military history is now part of the electronic medical record.
 - Recruited two Vet to Vet volunteers
 - Thanked Veterans for their service with thank you pins and certificates
 - Provided orientation and continuing education materials for staff and volunteers related to the unique needs of Veterans at end of life
 - Connection and reconnection of Veterans and their families to available services in VISN 12 and VISN 23, if desired
 - Discussion of pharmacy issues for non-hospice covered medications for Veterans who are paying for medications out of pocket. Suggest hospice medical director be allowed to write orders to avoid the need for an in-person visit to a VA if transportation and travel are an issue. Educated hospice staff to coordinate issues with the Palliative Care Coordinator at the VA in that facility.
 - Discussion of transportation roadblocks to obtaining pharmacy services for non-covered hospice meds and became aware of planned clinics that may help with this issue
 - Obtained VA Contracted agency information and process for hospice Veterans needing nursing home services which vary in each VISN
 - Provided timely information to State Veteran Nursing Home on PTSD
 - Exchanged information with a local coalition looking at homeless and transitional housing needs for homeless persons who have served in the military and others.
 - VISN 12 hospice and palliative care staff connected with homeless coordinators and distributed "Thank you" pins at Stand Downs in LaCrosse
 - Beginning to establish relationships with VISN 23 and County Veteran Service officers to better serve rural and homeless Veterans in western Wisconsin
 - Community and state resources for information on the unique needs of those who have served in the military.

Outcomes

- **Original work plan:** Resources and info to agencies-on target for each of these outcomes
 - Provide Education/outreach presentations to 6 organizations that include Veteran's end of life benefits. Three presentations with a combined attendance of 150 have been made to date by Hope Hospice in our community and at state conferences. Hope Hospice distributed 70+ toolkits at the NHPCO conference in San Diego and 17 have registered for the state

- conference the end of Oct. We plan to distribute toolkits to all 80+ hospices in Wisconsin at the conference and for those not attending the conference they will be mailed. Many smaller presentations have been made as a general announcement of the training materials being available and some sample materials of the content. Four Presentations are scheduled by Hope Hospice in 2012 to EMS and the local hospital. At the completion of these presentations, Hope Hospice will be eligible for Level II We Honor Veterans status.
- Provide evaluation tool to measure needs for improvement and effectiveness of information contained in the toolkit. The evaluation tool is included in the toolkit.
 - Decrease % of Hope Hospice patients with unknown military service history. The actual % was decreased from 100% unknown military history at the beginning of the grant with a newly hired social worker to 10%. The Military History Checklist is now in our electronic medical record.
 - Include DVD/audio CD to each hospice social worker in the Tomah and Madison VA service area. Toolkit will be available at state hospice conference October 26, 2011. The agencies that receive toolkits and evaluations received will be documented. The mailing list is available from state hospice association and those not picked up at the state conference will be mailed. Agencies have also been notified via email of the available materials and addressed logged for mailing. 100 Toolkits are available in hard copy and are also available on the website. Materials that must be mailed and are not available on website at the present are the DVD, CD, Peace at Last books and the Thank you pins.
 - Outreach to Homeless Veterans
 - Tomah VA Hospice/Palliative Care participated in the CHALENG (Community Homeless Assessment, Local Education and Networking Groups) for Veterans on April 29, 2011 with 30 programs participating including the La Crosse and Monroe Government services and housing programs including Social Security.
 - Over 300 people attended the Stand Down in La Crosse, WI on October 20, 2011. This included homeless Veterans. Thank You pins were distributed to Veterans attending the program. Other items provided included Hospice/Palliative Care program brochures, Final Affairs Guides, Information on Palliative Care, and bookmarks. Networked and provided Toolkits to the County Veteran Service Officers (CVSO) from Monroe and La Crosse Counties as well as the State Veterans Home staff.
 - Updated brochures that include PTSD information will be included in resource materials emailed/mailed to agencies in the toolkit and linked on the Hope of Wisconsin website. The agencies that receive toolkits as well as additional

- requests for information will be tracked. The brochure includes PTSD contact information and the toolkit includes a PTSD quick reference sheet as well as caregiver materials.
- PTSD Materials will be included on DVD/audio CD when finalized. The PTSD materials are included in the DVD and CD materials as well as the toolkit. This has been one of the most requested pieces of information and was augmented with feedback from those reviewing the draft of the toolkit materials.
 - Increase community agency awareness about homeless and rural Veterans with chronic and life limiting illness-Presentations to EMS postponed from August to October at the request of EMS. Evaluations will be tallied when received.
 - Completion of DVD and audio CD with training to 6 agency presentations with evaluations. Production of DVD was delayed with writing of the script. Portions of EPEC and ELNEC train the trainer scripts were used to finish scripts after checking if these materials can be used publically or if they are copy written. We were unable to get a video of a homeless Veteran to be included in the DVD but did include clips from the EPEC trigger tapes of a Veteran and his family dealing with end of life caregiver issues. MVI and Office Depot were used as a vendor in order to better meet deadlines as opposed to going through VA staff that has many priorities to juggle. Three presentations introducing the grant materials were completed using written materials from the toolkit in presentations by Hope Hospice. Toolkit materials were also distributed at the San Diego NHPCO conference and will be distributed at the WI state hospice conference. Sheila and Jolene at the VA in Madison and Tomah have made an additional 4 presentations scheduled to individual hospices, VA palliative care coordinators, at a mental health and substance abuse training and social workers at the University of Wisconsin.
- **Successes:**
 - The staff and volunteers of Hope Hospice are increasingly aware of Veterans and their needs through ongoing discussion of the materials in this grant, the connections we have made with VA staff and through including the toolkit and DVD materials in volunteer training and staff orientation and continuing education. We have increased the percentage of hospice patients who are asked their military history from approximately 0% to 90%. Staff was not aware of the military status of only two out of 40 Veterans that died in Taylor County from Veteran Service officer records from Jan 2011 to Aug 2011. Hope Hospice served 25% of Veterans who died in Taylor County. A staff member doing occasional maintenance, who is a Veteran, expressed an interest in volunteering for Veterans following a "Thank you for your service" letter published in letter to the editor. He along with a new volunteer who

- is a Veteran will be presenting Veterans with “thank you” pins and certificates for their service.
- The hospice status of Veterans has been communicated to the VA Medical Centers where they may have served in years past. Some of these Veterans were looking for possible services in VA contracted nursing homes and some payment of medications not related to their hospice diagnosis who also did not sign up for Medicare Part D previously. Hope Hospice participated in a conference call along with another grantee to discuss with VA staff the issues with delays and transportation issues for medical visits related to VA paid prescriptions with and hope this will initiate processes to better serve Veterans on hospice and palliative care that have increased travel difficulty and rural Veterans who travel long distances.
 - One Veteran on hospice care for Parkinson’s disease previously had been paying over \$1000 a month for medications that may have been covered by the VA. We have initiated the process for this Veteran who did not have a DD214 who also had a potential language barrier and a complicated family history with services for himself and his spouse. This Veteran and his wife speak Polish as their primary language. The records for this Veteran appear to have been lost in the fire at the National Personnel Records Center in 1973. We are waiting for this paperwork and it has been a good learning experience for the process of obtaining the first step in a long line of paperwork. The family however is tired of filling out forms and has asked us not to pursue obtaining the DD214. It is a success to learn the steps but a frustration for family and staff for the delays and amount of paperwork involved in the VA system. A challenge with helping Veterans at this stage in their life is that they may not be the best historian for details that are needed in filling out the necessary paperwork or following instructions related to making appointments with their VA physician.
 - Much of the background material for the Toolkit made available as part of this grant was initiated by the Hospice-Veteran Partnership of Wisconsin and Upper Michigan. The members of the steering committee have benefited from sharing materials and making connections between hospice agencies and VA facilities to enhance communication when individual patient issues arise. Members of this committee received emails and offered opportunities for input as we gathered additional information for this grant project that will be shared to improve services to Veterans across the state. One of the members of the Hospice-Veteran Partnership, from one of the Wisconsin state nursing homes, remarked that the grant materials she reviewed on PTSD were particularly timely and we connected her with additional VA resources through VISN 12 staff and added these materials as well to the PTSD materials in our toolkit.

- The PTSD materials as well as the Military History Pocket Cards have been the most popular pieces of the toolkit so far. Agencies that have requested the Toolkit after seeing samples of the materials include County Veteran Service Officers, Aging Disability Resource Centers, Agencies on Aging, End of Life Coalitions, Palliative care offices, Health Science Library staff, university social work, VA palliative care coordinators, mental health and substance abuse staff and hospice staff around the state.
- **Challenges:**
 - It was a challenge to get feedback on drafts of the DVD and toolkit within the time frame needed to keep to a production schedule. The materials available on the internet for review and drafts of the printed materials via email may have been blocked by firewalls in some cases, and the day to day requirements of patient care take priority in other cases. Face to Face meetings of the Wisconsin Hospice-Veteran Partnership did not occur during this time so email was used to solicit input with very limited results.
 - The power points used in the production of the DVD for this grant were completed prior to the grant application, some with detailed scripts by the Wisconsin Hospice-Veteran Partnership. However it was hard to select and agree to the most important topics for the potential variety of community audiences, hospice agencies and VA staff to target a 1 hour to 1 ½ hour time frame.
 - We hope by having the DVD in 2 modules with subheadings, the agencies are able to customize those topics of the most interest to their needs to allow for education sessions that are often limited to one hour. The intent was to also provide information to agencies that had little knowledge of hospice in the 45 min module which also includes Veteran information in addition to the 1 hr module that focuses on the details of military history and unique needs of Veterans. The entire content of the DVD is 1hr and 45min but speed may be adjusted depending on the software playing the DVD and could also be done in multiple sessions, if the agency is interested in viewing the entire DVD. It was a challenge to condense the wealth of information to one hour, provide information that pertinent to hospice agencies that they deal with day to day in the homes beyond the historical perspective and also not just repeat information that is available in other sources. We would have liked to include more personal stories from the Veterans and families themselves. We were unable to video a homeless Veteran as was originally planned to include in the video and substituted one of the EPEC trigger tapes.
 - We have found that agency budgets to pay for staff attendance at in-service education may restrict the ability to carry out presentations using the DVD. An audio CD is available to listen to the materials during drive time which is often unproductive time. EMS has rescheduled the presentations due to state training requirement taking a priority. The use of the CD during drive time

- for the EMS staff has been reinforced as an avenue to pass along information about Veterans unique needs and potentially also provide some self care should EMS staff find themselves in a stressful situation as we look at the 10th anniversary of the EMS services provided during 9-11 in New York. They have not seen the training materials but are questioning the relevance of the topic to EMS. We will continue to seek advice from past grantees who have worked with EMS. We hope that once they see the training materials, we will be able to pass along information that EMS feels is relevant to their work with Veterans. It may be that a presentation at a statewide or regional conference may be a better location than a quarterly staff meeting for dissemination of this information to EMS. We have received a good reception for receiving the toolkit materials from agencies that deal regularly connecting older adults in the community with resources such as the Commission on Aging and Aging and Disability Resource Centers.
- The intent of the DVD and audio CD is to reach a larger audience than resources for face to face presentations or sending staff to an ELNEC or EPEC training will allow but that also requires a high level of interest on the agency receiving the materials to follow through on familiarizing themselves with the materials using the materials in the toolkit. Adoption of the competencies tied to performance reviews and family satisfaction surveys related to Veterans needs can help to make this a priority for orientation and ongoing education, particularly in hospice agencies. We have received feedback from an unrelated project that nursing home facilities prefer handing out paper educational materials to dealing with setting up computer projectors and PowerPoint presentations. It will be up to the organization using the training materials if they wish to pursue CEUs. The materials in the toolkit could certainly be a resource for short in-services over a period of a year.
 - The VA partners in this grant also experienced difficulty in addressing end of life issues as a priority to make time for from the VA staff serving homeless Veterans. The complex issues of these Veterans place training on end of life issues for homeless Veterans at a lower priority than other more immediate needs. The VA partners in this grant are working with Project CHALENG to exchange information related to better serving homeless Veterans.
 - Initially, it was difficult for some of the hospice social workers to understand why Veterans should be treated differently as a group, or to distance themselves from whatever political issues may be around the military and war. Some Veterans also can be very negative about the VA and the staff needs to guard against getting caught up in the discussion or feeling like they are pushing services that are not desired. The social worker may be afraid to bring up the subject with other Veterans after this type of negative experience. It was pointed out that Veteran status is considered a culture of

- shared values at a Hospice Psychosocial conference on Cultural Aspects of Care that helped to improve the understanding that culture can be more than religion and ethnic background. The introductory materials from the VA website on the military history pocket card addresses some of the uses that include bridges gaps between health care staff and the patient. We have found that including the military history questions as part of the electronic medical record is very helpful. But as pointed out at the San Diego conference, it is important to be prepared to deal with the answer. A leave-behind packet for the Veteran and the family on the resources available to them will be coordinated with the local Veteran Service Officer to help the family to have time to review after the social worker leaves the home may be a valuable tool to aid the social work staff in the discussion about VA services available and any questions related to the unique needs for Veterans and families.
- o Just prior to submitting this final grant report, I received a call from a local community choir that was doing a patriotic concert around Veterans Day looking for a charity that would keep funds local to help better serve Veterans. The choir found information about the Hope Hospice Veteran Outreach Grant from an internet search. After contacting the Price county and Taylor County Veteran Service Officers, it was decided to split this donation to the Veteran Service Commission in each county for the Needy Veterans Fund.

Process

- **Partnership descriptions**

- o Existing when grant was awarded
 - An interdisciplinary group is represented among the partnerships for this project including the education and experience of hospice administration, and palliative care coordinators for the VA including a nurse practitioner and VA-licensed clinical social worker from VISN 12.
 - Teri Rostberg, BS, MHA, Hope Hospice Executive Director Hope Hospice
 - Jolene Renda, DNP, APN/CNP Palliative Care Coordinator, Tomah VA Medical Center
 - Sheila Schroedl, LCSW Palliative Care Coordinator, William S. Middleton Memorial Veterans Hospital in Madison

All three partners are current members of the steering committee of the Hospice Veteran Partnership of Wisconsin and Upper Michigan and have worked together also with the Milwaukee VA and state Veterans homes in Wisconsin through the activities of this steering committee. since 2004. The Hospice Veterans partnership includes

representatives from a number of hospices, VA staff and the Hospice and Palliative Experts of Wisconsin (HOPE of Wisconsin) our state hospice association.

- Developed during the grant cycle
 - Relationships were developed with Palliative Care staff at VISN 23 in Minneapolis and the Chippewa Falls clinic.
 - Contact with the Iron Mountain, Michigan VA facility in VISN 12 to assist the spouse of one of our deceased patients follow-up with getting a medical appointment he was having difficulty making with hearing problems and trouble understanding the instructions for making appointments.
 - We also became aware of another grant for serving Veterans between the VA and a Wisconsin Agency on Aging for Veterans Directed Home and Community Based Services in the Milwaukee area and connected them with the VA Palliative Care team.
 - Dry Hootch (<http://dryhootch.org>) and the Highground (<http://www.thehighground.org>) prefer to be resources outside of state and federal agencies and are a potential resource for Veterans in our service area.
 - Hope Hospice strengthened its relationship with the Taylor County Veteran Service Officer who was new to the area and is leaving after a short year in our county. We will connect with the new Veteran service officer who will be starting the end of October hired and also build on relationships newly established with other CVSO's in the Hope Hospice service area beyond Taylor County.
 - It was critically helpful to finishing the DVD scripts to have the partners at NHPCO, our VARR, other grantees and the VA on the monthly calls to obtain access to the a Wounded Warrior DVD, and EPEC and ELNEC modules for preparation and editing of the scripts and insights into issues we came across through caring for Veterans.
- **Relationships developed with partners**
 - Administrative or business activities (referrals, expedited enrollment, approvals to provide care or change levels of care, billing procedures, helping to secure Veterans' benefits, quality improvement).
 - During the course of this grant we served our first VA paid patient who happened to be in VISN 23 where we have not had a lot of contact in the past. We are now serving our second VA paid Veteran also from VISN 23. We established a "Request for Outpatient Services" for home hospice services and billing procedures. We have notified the Minneapolis VA when we have enrolled a former VA patient into Hope Hospice care, often to their surprise that the Veteran is on hospice care since the Veteran has not been recently using VA facilities for

- care. We also put into place a Provider agreement for community hospice services with Tomah VA facility in VISN 12. We hope to be connecting with more VISN 12 Veterans in the future now that there is a CBOC in Owen. Now that VA facilities are closer to the Veterans in Taylor County, the Veterans may have more contact with VA provided services.
- We had hoped to use expedited enrollment on a Veteran for payment of non-hospice meds but the Veteran was not enrolled in the VA system, did not have his DD214 and records were lost in the National Archive fire. We are waiting for the records to be found over a number of months. Hospice is paying for the majority of his medications. Our partners were helpful in making suggestions for expediting the process of getting the DD214 prior to the discovery that the records were lost in the fire which involved another form for this record. We also worked with the Veteran service officer to try to find courthouse records for this Veteran.
 - Clinical activities (collaboration in developing plans of care; coordination of services such as transitions between venues, obtaining orders; communication such as obtaining orders, covering after-hours, notifying changes in status)
 - Hope Hospice has extended our service area and is admitting more patients in the northwest corner and many are Veterans that have been served at some point by VISN 23. Our Tomah VA partner was able to connect us to appropriate contacts at the Minneapolis VA. We worked with the Palliative Care staff and the Chippewa clinic at Minneapolis VA to coordinate services on our first VA paid Veteran we have recently had a second VA paid patient in the VISN 23. This Veteran had been experiencing delays in receiving medications prior to coming onto hospice and continued to go without non hospice medications for periods of time. We have been assigned a particular pharmacist at the CBOC to address any ongoing issues with this particular patient. This has greatly reduced the anxiety of the Veteran and has been a positive experience for hospice staff to see how the VA system can work for a Veteran when we know the channels to go through if we have a problem.
 - Hope Hospice also notified the Minneapolis VA about a Veteran that revoked from hospice care 4 months prior to the grant but we felt was in need of services after leaving hospice. We continued to hear about this Veteran being in and out of the hospital and nursing home from members of the community. I feel we have a better handle on his unique needs since the grant and may have connected with the Palliative Care program at the VA in Minneapolis sooner, although we

- have not heard if he was willing to accept services. They had not been aware that he had been on hospice, even though he received services from the Chippewa VA clinic from time to time and a VA physician certified him initially as appropriate for hospice. At an interdisciplinary meeting after receiving the grant we asked our medical director who has experience working at the VA how we might have better served this Veteran and it was the first time that PTSD had been brought up as something we had not addressed.
- Outreach (Veterans, community agencies and service organizations)
 - Hope Hospice continued to work in Taylor County with the County Veteran Service Officer and Commission on Aging for the Final Affairs seminar and both have a strong interest in the Veterans Toolkit. A number of service organizations in Taylor County also received information through Hope Hospice participation in the Aging and Prevention Councils. These organizations include Human Services, Domestic Violence Center, Transitional Housing, United Way, Hospital, Nursing homes, University Extension, School district staff, Assisted Living, and the Alzheimer's Association)
 - We made a connection to another grant program of VA and the Wisconsin Area Agency on Aging for Veterans Directed Home and Community Based Services. This program in Milwaukee identified Veterans that could potentially benefit from hospice and we were able to connect them with the Palliative Care Coordinator at Milwaukee VA.
 - Education (agency staff, VA facilities/staff, community)
 - VA Partners in the grant at Tomah and Madison provided expertise in the area of developing the PTSD pocket card, some of the script materials and input on materials for the Toolkit. The original PowerPoint for the Unique Needs of Veterans was initially developed by the Milwaukee VA who participates in the Wisconsin Hospice Veteran Partnership. Susan Wurzer from the HOPE of Wisconsin and the Wisconsin Hospice Veteran Partnership also developed some of the original PowerPoint materials and detailed scripts for the Hospice as a Community Resource portion of the DVD.
 - Potential partners
 - We are beginning to establish relationships in the counties we serve outside of Taylor County with the CVSOs, VFWs, auxiliaries and other service organizations. Meetings will be setup to review benefit packets we plan to put together to give Veterans information on potential benefits they may not know about if they do not have a relationship with their local VSO. Final Affairs seminars to provide information on advance directives and end of life planning will be discussed with counties and/or churches outside Taylor County with

invitations for the VSOs in each county to participate. These seminars have been very popular with the general public which includes some Veterans and their families in Taylor County.

Sustainability

Additional materials for this Toolkit will be evaluated through the WI Hospice- Veteran partnership.

- The state hospice organization partner level activities may lead to additions to the Hospice Veteran partnership website. When evaluations are received from the use of the toolkit, the information will be discussed and along with needs for changes or additions in toolkit materials.
- Hope Hospice has expressed an interest with the National Rural Health Resource Center to participate in the VISN 23 contract to develop care coordination models to bridge the gap between the VA and rural community hospices. As part of this contract so far we have been asked to complete a survey for future participation. This survey will also be used to assess community hospice organizations' interest in receiving funding focused on improving the coordination of end-of-life- care for rural Veterans between the VA and community hospice providers. Data collected from this survey will be used to guide the development of tools, resources and educational materials for the improvement of hospice and palliative care services offered to Veterans in rural communities throughout the Upper Midwest.
- **Disseminating this program beyond the agency**
 - The Toolkit materials produced as part of this project are made available through the HOPE of Wisconsin website for download and mailed or emailed to interested agencies. The DVD and CD can be mailed separately if we are unable to find a website that can house the amount of space necessary for the DVD and audio CD. Jolene was looking into the VA being able to stream the materials on a VA website. Seventy sets of 5 disks that contain the toolkit materials and 10 hard copies of the toolkit were passed out at the NHPCO conference in San Diego. Each hospice in Wisconsin (80+ hospices) will be getting a hard bound toolkit at the State Hospice Conference Oct 26th and mailed if they are not at the event. 25 staff from county Commissions on Aging and the Greater Wisconsin Area on Aging Resource staff will be getting a set of the 5 CDs and DVD at a meeting that is being attended by our Taylor County Commission on Aging Director who is also on the Hope Hospice Board of Directors.

Replicating the Model Program

- **Advice for an organization implementing the model**
 - The partners need to be realistic in the time commitment and follow through on what is promised in the grant. Particularly with partners that are involved in direct care, patient responsibilities will always take priority and the deadlines for the grant can be missed. At least one of the partners needs to have the ability to pick up for other partners perhaps beyond normal work hours if some of the partners get another job, have additional priorities, or experience illness. It is helpful to have a partner experienced in carrying out grant responsibilities and can administer the grant process and deadlines.
 - Remember that not everyone in your organization is going to have the same passion for the project and you may need to do some marketing in your own organization for key staff to see the big picture for the project and value of the program.
 - Working in partnership with a Hospice Veteran partnership at a state or regional level is a key component to community partner development. Our HVP had been working together 5 years prior to taking on this grant. This grant is renewing interest and increasing interest among potential new hospice partners across the state.
- **Tips for Building Relationships**
 - VA and Veterans' groups
 - As members of the steering committee for the Wisconsin Hospice Veteran Partnership, we have worked the last few years to pull together training materials to increase awareness of hospice and end of life issues for Veterans, exchange information with VA medical centers to provide needed information about hospices in the state and to educate hospices about services available for Veterans. This was critical to relationship development between hospice and VA facilities.
 - Other provider groups and community partners
 - The toolkit assembled as part of this grant has a lot of interest from some groups but those groups with limited time for training are unsure if they have a use for the toolkit. The intent of the toolkit is to be a training tool that reduces the number of requests for face to face presentations but it then requires the recipients of the toolkit to have a high level of interest for the toolkit not to sit on the shelf. Mailing the toolkit or downloading off the internet may not totally take the place of face to face or at least telephone contact with groups to ensure the most effective use of the materials.
 - Materials were presented at the state hospice conference as a train-the-trainer session to familiarize providers with the materials and

answer questions in a group setting. Registered attendance for this session Oct 26 is expected to be 20 hospice staff from around the state. We will look for other opportunities to address groups at conferences to introduce the materials. We have found that End of Life Coalitions and Commissions on Aging, when introduced to a program called Final Affairs in this type of conference setting, successfully started their own workshops across the state.

- Tips for engaging Veterans
 - Most of the efforts of this grant have been targeted at providing resources for agencies working with Veterans and provide orientation materials that can be used for our own internal training. The Veterans targeted in our project, beyond our patients and families, are primarily the recruitment of vet to vet volunteers. These vet to vet volunteers are currently being trained as a key component in more formal pinning ceremonies and certificates of appreciation for service for the Veterans and families we are serving under hospice care. Articles in the newspaper related to our project which thanked Veterans for their service helped recruit a volunteer who was already working with our organization in another capacity. When asking the Veteran about their service, it is important for staff and volunteers to understand that we are not trying to force a Veteran to use Veteran Administration services, particularly if they have had a negative experience, but more to ask about their life as it relates to their military service.
 - It is also important to continue to look for opportunities to connect with others working on Veterans projects in the community. We were able to connect with and provide resources to an Eagle Scout working on a project to record life stories and the history of Veterans in our community. Every speaking engagement is likely to have Veterans or families of a Veteran in the audience as well.

Resource materials

The toolkit, with its many resources, is available on the HOPE of Wisconsin website www.hopeofwisconsin.org/ProgramsToolkits.aspx . Select "Veterans Partnership".

Teri Rostberg, Project Director is available for additional information at:
 Hope Hospice & Palliative Care, Medford Wisconsin 54451, hhospice@newnorth.net 715-748-3434

**Mercy Hospice
Roseburg, OR**

Project Summary: Home Hospice Program

- **Purpose:** The purpose of the Home Hospice Program is to provide a homelike environment for Veterans at the end of life, thus allowing the Veteran to die in a peaceful and well cared for manner. The program focuses on homeless or inadequately housed Veterans. This projects recruits and utilizes established adult foster homes to provide the specialized care that a Veteran might need. The foster homes must complete Veteran specific modules to qualify for the program. In conjunction with the adult foster homes, hospice staff, volunteers and primary care provider's work together to meet the Veterans' needs. Hospice and Veteran Affairs social workers assist Veterans in applying for any funding and benefits that might be available. The Veteran pays for room and board beyond what is available through other sources, perhaps on a sliding scale related to the Veteran's income. The foster homes volunteer to "wait" for payment while the application process for funding assistance is "in the works".
- **Objectives:** Objectives for this project included:
 - Establish processes for collaborating with the Roseburg VA.
 - Establish comprehensive policies and procedures for the Reaching Out program and train all staff.
 - Develop educational outreach campaign for potential referral sources including community organizations, healthcare providers, government entities and Veterans organizations.
 - Recruit and assess care setting option eligibility, then provide care setting provider with training specific to Veteran needs
 - Develop mechanism to facilitate the transition of Veterans across community and VA settings.
- **Impact:** Veterans in the community are provided with end-of-life care that meets any special needs they might have. This Veteran specific training to the adult foster homes has impacted the Veteran population that is living in foster homes regardless of terminal status. Many care providers state they now have greater understanding of needs a Veteran may have specifically. Our staff is identifying any Veterans that are admitted and using the training has impacted the Plan of Care for Veterans. The community outreach has benefitted the Veterans in the community as well, many care providers and lay people who have attended educational opportunities have expressed a greater awareness of Veterans sometimes unique care needs. The Veterans who themselves have attended express appreciation at being recognized.

Outcomes

- Project roles will be defined: Project manager role is designated. This role keeps track of budget and over sees entire project. Veteran liaison role was established and filled. This role is a 16 hour a week position that works on establishing program by utilizing objectives and responsible for completing outcomes.
- Initial outreach to additional partners is completed: Program established relationship with VA Community Home Health and Hospice Coordinator, VISN 20 VA Palliative Care Coordinator and VA Palliative/Hospice Coordinator.
- Program policies and procedures are in place: Policies written for Foster Home Placement or Qualified Homelike for Homeless Veterans and Inadequately Housed Veterans written, and approved.
- Staff trained to implement Community Foster Home Hospice program procedures: Policy and military checklist is introduced to staff at monthly meeting. All staff are required to attend Veteran specific trainings. Offered educational presentations throughout February, March and June.
- Completed focus group and implement findings in presentation: Focus group established members included hospice manager, hospice medical director, hospice shared services supervisor, hospice volunteer coordinator, hospice chaplain, VA palliative care/hospice coordinator and VA community Home Health and Hospice Coordinator. Group decides to focus on community outreach, no formal presentation was accomplished, relationships between the VA staff and the Hospice staff mainly developed through project manager and Veteran liaison. We found it was too difficult to bring both groups together in a consistent manner and developing specific relationships more valuable.
- Completed two community presentations to Veteran's venue: Presented D Grassman's - Wounded Warriors video followed with discussion to Douglas County Adult Foster Care Association monthly meeting. Offered D. Grassman's video Wounded Warriors and discussion to community faith group at whole day presentation on Veteran specific issues; this was in partnership with the VA Chaplain Mike Gillespie.
- Completed one community outreach to healthcare venue: D Grassman presented to Mercy Hospital and VA Medical Center staff with a combined audience of over 90 people. Partnered with VAMC chaplain to offer day long presentation on Veteran cares to local faith groups, there were 25 attendees.
- *Three care setting and/or families are successfully recruited, screened and trained:* Recruited five foster homes. These foster homes were trained in Veteran specific cares using three modules. The modules included Post-traumatic Stress Disorder, Pain Management and Symptom Management.
- Community Foster Home Hospice services are provided to minimum of 5 homeless/ and or rural Veterans who are eligible for hospice care: This outcome has not been completed. See sustainability plan for our solution.

Successes

- Outreach to community and adult foster homes was very successful with overwhelming response to presentations. Greater than 210 community members and healthcare workers received information on Veteran project and Veteran specific cares. Many people want to be involved. Many ideas born out of interactions with staff and community including, Veteran to Veteran volunteer program, pinning ceremonies, participation in the Lane County Stand Down and local presence at traveling Viet Nam Memorial Wall.
- Attending adult foster care meetings led to relationship with state licenser who championed our project and sent our flyer to all licensed homes in the county. This gave us a larger than expected amount of foster homes interested in being involved in project.
- Training our staff in the Military History Checklist and Veteran-specific care help identify Veterans and address any unique needs they might have through the Plan of Care. It became evident as time progressed that we had gone from barely addressing Veteran status to asking 100% of new admits about military service. This training is now part of orientation for all new hospice staff.
- Developing fostering and maintaining relationships with area discharge planners. Hosted a community wide discharge planner networking luncheon. This meeting was very well received by those who attended. Each party was able to describe the role they had within their system and how this would impact the planning of care for Veterans. We will continue this luncheon on an annual basis.

Challenges and Resolutions:

- It was difficult to keep project focused, so many great ideas, so we needed to remember to reflect back on our project objectives frequently. The resources from NHPCO, such as monthly reports and teleconferences were helpful to stay on track.
- We had several staff members with political opinions and negative feelings towards "war" and thus the military. We were able to continue with education, establish the Military History Checklist policy and in the last few months observe a definite change in these staff. Staff have progressed from statements like "these folks do not need special treatment," to requesting pinning ceremonies for patients, in addition documenting Veteran-specific care in the Plan of Care.
- VA system is often cumbersome; rather than taking on the system as a whole, we started to develop relationships with key personnel i.e. Discharge planners, hospice/palliative care medical director, chaplain, and VISN palliative care coordinator. We were encouraged by D Grassman to look outside the VA for solutions. Our plan included educating discharge planners from local hospital and to next expand this educational outreach to Emergency departments and physician offices.
- As of this time we have still not received a Veteran referral for our program. Expanding the outreach will make referrals more likely.

Community impact:

- Every presentation and/or educational event had an impact on several participants.
 - Excerpt from written thank you note received after hospice patient Pinning Ceremony: “We as a family will never forget that moment during the Pinning Ceremony as we watched our father/husband smile with pride. You made our sailor very happy that day!”
 - Following acknowledgement and thank you to Veterans and active military at a community event followed by individual pinning. Vietnam Veteran with tears in his eyes stated “no one has ever thanked me before...”

Partnerships:

- We are partnered with NHPCO and VA on the We Honor Veterans Program.
- We were able to establish relationships with VA medical center in Roseburg including the palliative care team and discharge planners. Partnered with the Sutherlin Lions Club as part of the Moving Viet Nam Memorial Wall, Lane County Stand Down Committee, Roseburg Rescue Mission, numerous faith groups throughout the community and the Douglas County Adult Care providers. The five adult foster homes that became part of project stemmed from the partnership with the adult foster care providers.
- Potential partners:
 - We plan to offer education to local physicians regarding Veteran specific cares and the importance of using the military checklist. This will also give us the opportunity to disseminate project fliers.
 - We plan to be involved in the Douglas County Stand Down committee. We will recruit a youth organization to assist us with fundraising so that we can provide first aid kits to the homeless Veterans. This is another great opportunity to educate about the project.

Sustainability

- **Continue adult foster home program.**
 - Continue to offer annual education to adult foster homes
 - Provide annual Veteran-specific presentations to staff
 - All new staff to complete Veteran-specific modules as part of orientation
 - We have added Veteran specific questions to FEHC
 - Applied for additional grant through local foundation
 - Discussing fundraising ideas including walk/run, partnering with youth organizations to fund raise for first aid kits that could be distributed at Stand Downs.
- **Outreach to the larger community**
 - Disseminate information that would allow Veterans to access the VA system earlier throughout various community settings.

- Include Emergency Department, urgent care clinics and physician offices in our distribution of project fliers. Offer education to them regarding importance of using the Military History Checklist in their intake settings.

Replicating the Model Program

- **Tips**

- Identify the need in your community.
- Allocate resources to program.
- Join the We Honor Veterans Campaign. There is significant and useful information on this website, www.WeHonorVeterans.org
- Appoint Veteran liaison. This person will be responsible for seeking outreach opportunities.
- Remember Veterans are everywhere and aren't always reached through most obvious sources.

**Mountain Hospice
Belington, WV**

Project Summary:

- **Type of Program:** The Model Program chosen was Community Partnership, with a focus on rural and homeless Veterans. Mountain Hospice (MH) chose this model due to the ability to expand current efforts to reach this population. MH had relationships started with local VA organizations, and believed this would be the best fit for maximizing efforts, funding, and support. This model encouraged collaboration with the VA, homeless shelters, food pantries, Veteran community organizations, civic groups and other non-specific organizations, churches, health care providers, clinics, and many other groups.
- **Objective:** MH aimed to reach out to those who would come into contact with rural or homeless Veterans. With this objective many ideas were brought to the front and the grant objectives were set.

West Virginia has the highest number of Veterans per capita than any other state. West Virginia is very rural and is served by four VISN's, which adds difficulty in consistent communication. Our main objective was to present the Hospice topic to as many rural and homeless Veterans as possible either personally or through others in the field. The first priority in reaching out about the project was to cover the area serviced by MH. The second priority was to collaborate throughout the state. We had relationships with two of the four VISN's in place, with a referral process working, and relationships with the local CBOC clinics in those areas. Even though relationships were established we needed to build stronger relationships with these organizations, help increase consistency across each VISN, educate them on the Hospice benefit, and bring the "We Honor Veterans" website and purpose to the forefront.

- **Impact:** Outreach to Veterans has been outstanding and so rewarding. Many Hospice and Non-Hospice community organizations have found the importance in focusing on Veterans. The awareness has given a great importance to what our Veterans have done for our Country and it's time to show respect, honor and support our military service men and women. The emotional experiences seen with many individuals who have experienced the WHV PowerPoint presentations, Veteran videos, and personal testimonies from Veteran to Veteran volunteer programs have been inspirational and very moving. Veterans within our communities not only know MH is available and have a great understanding of Hospice, they know "We Honor Veterans" and we support everything to make a difference for a Veteran and the Veterans family! MH employees and Board of

Directors have a great understanding for Veterans, and why the highest quality of EOL care is so important.

MH has grown immensely internally and externally due to the education and policy changes we have put into place to secure our Veterans, and families are receiving the highest quality end of life services. One employee in particular took it upon herself to register and become certified as a Veteran Service Officer. She is currently the secretary for the American Legion Post 44 Auxiliary in Philippi WV. Patty Delauder, MH clinical assistant reached out to the post for support in our grant efforts. Patty worked with MH and set up educational opportunities, recruiting volunteers, and possible future drop in center location/support.

Objective

- **Objective 1:** 30-35 presentations – Success exceeded!!
 - Anticipated Outcomes:
 - Track Call logs for VA questions/calls
 - Veteran Admissions will increase
 - Additional contacts with community/ larger collaboration efforts
 - Survey sent after presentation to evaluate
 - Actual Outcomes:
 - Tracking call logs - a great way to track data for a possible correlation with MH outreach sessions and an increase of contacts. We utilized our CEU evaluations to analyze our needs for improvement, to track our efforts in improvement and to evaluate the topic discussed. We had none returned with negative feedback. The most common suggestion was “I would like to attend another session if and when you hold a WHV seminar again”. We also tracked ALL admissions, discharges, deaths, and VA enrollments utilizing the Military History Checklist.
 - Veteran Admissions will increase – SUCCESS - We were able to track this and show quantitative and qualitative outcomes.
 - Additional contacts with communities, and larger collaboration efforts were built. SUCCESS – MH exceeded the goal to conduct 30-35 presentations and we were able to reach out to the state level and made an impact for years to come. MH has multiple sessions scheduled throughout the next six months and will continue outreach efforts. Our relationships with community organizations, key Veteran representatives, and other groups have grown extensively. The relationships built during this grant period are lasting, and partnerships assisting in the outreach efforts are growing and sustainable.

- Surveys were not sent as originally intended yet we followed up with many of our contacts after a meeting or seminar with questions about Hospice, enrollment, community contacts for assistance, volunteer recruitment, and speaking again. No negative results occurred through our presentation efforts.
- Quantitative Baseline relationships – MH met the goals as we increased our initial relationships starting at 30 specific relationships each with organizations and individuals as of January 1, 2011, with an increase of 25% by year's end.

Total outcomes for relationships/ contacts/ presentations were:

- Community groups (senior living centers, churches, – VFW, American Legions, Veteran organizations local and state levels Health related events, groups, nursing homes) Average number per group was 9 attendees. Total groups = 97
- Individuals, one on one = 189

At the grant year end we have approximately 286 contacts and relationships:

- VA key contacts:
 - Myles Epling, American Legion State President
 - Trish Cash, American Legion State Secretary
 - Junior Booth, Belington WV American Legion Commander
 - Kathy Ellis, RN Palliative Care Coordinator Clarksburg WV Louis A Johnson VA Hospital
 - Sherry Barker-Jackson, VSO Charleston WV
 - Carmen Rodriguez-Munyan, RN, BSN Hospice/Palliative Care Case Manager HVP Chair, VA Medical Center of Martinsburg, WV
 - Mike Lyons, Deputy Officer Charleston WV
 - Carol Hefner, VSO Pendleton/Grant County
 - Jeff Rossitzer, VSO Randolph County
 - Ruth White, VSO Pocahontas County
 - Carrie L. Weaver, Enrollment Specialist Clarksburg VA
 - Mary Poe, Cemetery Clarksburg, WV
 - Tom Dodd, Cemetery Clarksburg, WV
 - John Loathes American Legion Elkins, WV
 - Meg Cianfrocca- Sen. Rockefeller's Office
 - Keith Gwinn, Cabinet Secretary WVDVA
 - Anne Brown, Martinsburg VAMC Director

- Larissa Wines, WVDVA Veterans Cemetery (largest single grant ever from Rockefellers to build the largest Cemetery – 14 million dollars)
- Brian Sullivan, Disabled Vet. Outreach Summerville
- Linda L. Bruce, chaplain for Clarksburg VA
- MaryAnn Pancake, MSW Clarksburg VA
- Theresa White, RN, MSN Associate Dir. Patient Care Services, Clarksburg VA
- Denise Stahl RN, MSN VISN Hospice/Palliative Care Coordinator
- WVVNF – WV Nursing Facility Pam Hedrick and Janet Chapin, Social Workers
- Tammy Fumich, Homeless Coordinator Clarksburg VA
- CBOC – covered all clinics in our 7 County service area, and Gassaway CBOC.
- Beckley VA Medical Center
- Huntington VA Medical Center – Lisa Milstead, RN
- Health Care & Community groups – In-services, brochure distributed, relationships built
 - Davis Health Systems, Dr. Flores
 - Good Samaritan Nursing Home Belington, WV
 - Dawnview Nursing Home, Keyser WV
 - Heartland of Keyser, Keyser WV
 - Cortland Acres NH, Davis WV
 - Pendleton NH, Franklin WV
 - Grant Co. Hospital/Nursing home – Petersburg WV
 - Baughman Towers Senior Living Ctr. Philippi WV
 - American Legion groups (Barbour, Randolph, Tucker, Pendleton, Grant counties) presentations done
 - Clarksburg VA CHALENG event attended
 - Homeless Shelters, Sammy Lopez at the Clarksburg Mission
 - Scotts place, Fairmont WV, presented to homeless Vets.
 - Bartlett House Fairmont, WV (homeless shelter)
 - Randolph County Homeless Shelter
 - Broaddus Hospital distributed information/brochures
 - Ruby Memorial Hospital
 - CCIL Coordinating Council for Independent Living WV state wide.
 - Nella's Nursing Home, Nella's Inc.
 - Valentines Nursing Home
 - Talbot's Nursing Home

- Elkins Regional Convalescent Center
 - Senior Centers
 - WWP Coast to Coast trail riders
 - UHC Hospital, Ruby Memorial Hospital, St. Joseph Hospital, Pocahontas Memorial
 - Multiple Churches in the seven counties
 - Chamber of commerce within each county
- **Objective 2:** At least one Volunteer Veteran secured in each of the seven counties to assist in community outreach.
 - Anticipated Outcomes:
 - Veteran volunteer in each county to assist with outreach, being available for support and validating the purpose of the MH program.
 - Two Volunteer Veterans from Barbour County active in the Vet-to-Vet program.
 - Actual Outcomes:
 - We reached our goal for the Veterans to be secured in each County. Success!
 - Total community Veteran volunteers - 13
 - Total staff Veteran volunteers - 14
 - Total Volunteer Veterans overall - 27
- **Objective 3:** Increase education/awareness with the use of media
 - Anticipated Outcomes
 - MH will distribute 4000 brochures to clinics and hospitals.
 - MH will produce and distribute a ***We Honor Veterans*** DVD for to all those we contact during our outreach.
 - Current and new staff will view the WHV DVD
 - Website and FaceBook will have links to the WHV program and used for outreach communication
 - Actual Outcomes
 - MH created 20,000 Hospice Veteran Benefits brochures and has distributed over 15,000 copies while submitting an electronic copy to 1400 chamber members within the seven-county service areas.
 - The DVD was not completed as the cost of the DVD was \$20,000.00 well over our original estimate. MH was encouraged to utilize a video that was produced previously by Hospice of the Bluegrass. The video was implemented into our outreach presentations and was effective in every venue. MH utilized the budgeted funds in other areas of Media such as news paper, news letter printing, radio ads, banners, large poster frames for the WHV poster purchased through the NHPCO WHV website. We purchased more brochures than we had budgeted for as well. A WHV County seminar was also conducted and paid for out of the Video funds, with speakers Kandyce Powell, RN and CEO of the

Maine Hospice Council, along with Sherry Baker-Jackson, VSO officer from Charleston WV. MH felt this was well worth the investment and a better utilization of funds. MH will be looking into a few in-kind donations to assist in creating a lower scale video for sustainability and growth.

- MH has implemented the Veterans brochure into staff education and orientation.
- The MH website is an on-going challenge as MH does not have a dedicated website staff person, and additions and changes are made as time allows. The grant information is on the website, but our goals for the use of the website are not complete. Facebook is another social media tool not yet sold to the BOD and staff to implement but is being worked on currently. This will be part of the sustainability work plan and completed within the 2012 year. MH did numerous flyers, printed in-house, mass emails sent out with flyers and specific WHV information other than the chambers. We have been in multiple parades with press releases and pictures taken, local news channels 5 and 12 have produced a few news clips of various events. Other items we did not specify clearly was our WHV education packets. This packet consists of WHV grant basics, MH Check list, WHV website information and listing of what topics are covered in the website, WHV partner commitment and how to get involved, based on the audience we also used the power point printouts for specific topics, we had produced a basic flag pen, and flag note pad, and hand created the WHV logo on labels to place upon the MH folders that were also purchased.

- **Challenges:**

- Staff commitment and willingness to participate.
- With many opportunities to reach out and educate it was very hard to prioritize. The Deputy Director at the Charleston Department of Veteran Affairs office was gracious and helpful when approached.
- It was a challenge to dedicate time to this project due to other position responsibilities. The opportunity to set multiple outreach meetings, sessions, and groups required more time than staff was available.
- Analyzing data was difficult due to incomplete information on many of the Military History Checklists.
- Reaching out to physicians seemed difficult as many of them were not enthusiastic about Veterans issues and did not request information about them. We were able to get one Veteran physician to assist doctors involved with the Davis Health System and will be working out details for the next physician meeting in November.

- **Summary:** Many learning experiences came out of our challenges. Community organizations, doctors, and those in contact with Veterans and helping them must have a basic understanding of what Veterans have done, are doing, and their sacrifices. The time involved is well worth the potential outcome; be prepared for different ways of doing things between organizations. Work with the system, collaborate and discuss the differences, encourage consistent access for Veterans across all venues of care.

The impacts of this partnership on the Veterans within our communities have been amazing. MH has been called upon when Veterans are in need due to our outreach in the communities. As an example, in August 2011, a Veteran hitchhiked from California stopping in Franklin WV looking for support. The Veteran stopped in at the local Senior Center asking for directions, a meal, and housing. The Senior Center staff thought of MH as a contact and called us. It was amazing the way MH staff pulled together as our efforts had been noticed and utilized. The Veteran was homeless and looking for anything to help him get to a secure destination. The man was given a night's room at the local motel in Franklin, then given directions and reliable transportation to the nearest VA Hospital in Martinsburg. Knowing MH made a difference in the life of ONE Veteran was worth every ounce of effort. As the story of the Star Fish stated....Helping one is better than none, if you can't save them all at least a difference was made in the life of one Veteran.

Many Veteran groups now call MH when help is needed in dealing with end of life issues. Increased referrals and the positive comments within the communities are giving MH special respect amongst many other organizations. We have many presentations, meetings, and outreach work scheduled for months to come because of our support, respect, compassion, education, and trust with the Veteran communities. Our efforts are reaching throughout the entire state of WV going much further than the seven counties we service.

THAT IS IMPACT! Limited staff, limited time, and funding yet we prevail!

- **Partnerships prior to the project**
 - Clarksburg VA – Kathy Ellis, RN Palliative Care Coordinator
 - Martinsburg VA – Carmen Rodriguez-Munyan, Palliative Care Coordinator
 - CBOC Clinics – Tucker, Pendleton, Grant, Counties
 - VFW – Randolph, Barbour, Pendleton, Grant, Counties
 - American Legion – Randolph, Barbour, Pendleton, Tucker Counties
 - Misc. Individuals within the communities
- **Partnerships developed during the project**
 - Homeless shelters:

- Scotts Place – Amber Freeland
- Clarksburg Mission - Sammy Lopez, Clarksburg Mission Homeless Shelter
- Elkins Homeless Shelter – Kathy Stalnaker DHHR Elkins WV
- WV Homeless Coalition- Amanda Sission
- Opportunity House – Matt
- New CBOC serving Pocahontas County
- Individuals:
 - Mike Lyons, Deputy General Charleston, WV
 - Sherry Barker-Jackson, VSO Charleston, WV
 - Jeff Rossiter, VSO Elkins, WV
 - Amanda Sission, Matt, Zach, HMIS Data Coordinator, trainer
 - Matthew Hedrick HMISA specialist Governor's office of Economic Opportunity
 - Ron Clevenger, Commander American Legion Post 44
 - Alice Wilkerson, Community supporter for homeless, develops plastic bag
 - Nursing Homes new staff in all Counties
 - Mountaineer Home care – New facility as of 2-2011
 - VHP- Hospice organizations that would not have has a reason to partner otherwise.
 - NHPCO Grantee's and VARRs
 - WOUNDED WARRIORS "Lake Havasu Coast to Coast Trail Riders" – www.coasttocoasttrailriders.org .
 - Beckley VA Medical Center
 - Huntington VA Medical Center – Lisa Milstead, RN

MH was fortunate to have a great base established prior to the grant. The WHV campaign encouraged the VA to hold HVP meetings, which allowed a gathering of Hospice organizations, physicians, and other community partners to come together and see the need as holistic. Due to the WHV campaign, organizations that may have never joined together to see the importance in honoring and looking into all Veterans who utilize Hospice, or those who need to be enrolled, are now getting the special attention needed.

The WHV website is critical to communication. The website keeps the focus, is very resourceful, user friendly, real, and offers current data, education, and useful resources available to anyone. The four Partner Levels enabled MH to show staff and the BOD details of what outreach has been completed, what still could be done; the WHV logo allows MH to be identified by the Veteran community as knowledgeable in Veterans' needs.

- **Stories:** The ability to work closer with the VA in Clarksburg allowed MH to visit the enrollment department.

- *A potential patient, who did not qualify for hospice, was identified as a Veteran; the Military History Checklist was utilized and it became clear that the individual was not enrolled in VA. The gentleman expressed interest in enrollment and our staff quickly submitted the appropriate paperwork to the Clarksburg VA. The experience was very positive and helpful in understanding the enrollment process, which took about a week, and the gentleman had an appointment for the following week. This success story was due to the positive reaction to the WHV campaign. Within the month the individual was eligible for Hospice and is currently on our services. The transition across organizations to enroll the Veteran on Hospice was very smooth, organized, and completed with compassion.*
- *Another great story in an unusual place; standing in Cato's fashion store in Weston, WV, I am checking out and to my left stands a man well dressed, with a great personality, chatting with the clerk. I spoke of my children and my busy life as this man says to me "I am retired from Loomis Fargo. I love it". I said "I bet you had plenty of times you were watching your back for someone to take the vehicle". He said, " No, I carried a pistol and I have shot many men before and wouldn't be afraid to use it if I had to". He proceeded to tell me, "I am a Vietnam Veteran, I am a marine, I had to survive and I did".... I talked to him for over an hour and half and thanked him many times for what he went through, what he had to do, and thought to myself "how is this man still standing here now"? He fought "Hamburger Hill" he collected the body parts of deceased men, he told the story of the event within that time. He had a horrible return to the US and had some alcohol addictions yet managed to overcome those addictions and could talk about his experiences.*

SUSTAINABILITY

MH has plans to sustain the current outreach education and support for the following year with a grant awarded through the WV State Tax Department called "Neighborhood Investment Program." This program is a tax incentive program, offering to donors a tax credit voucher for up to 50% of the donated amount. MH received \$7,000.00 in tax credits. This allocation of credits allows MH to bring in \$14,000.00 actual dollars. MH has received \$11,000.00 for 2012 Veterans outreach efforts to sustain the WHV program.

MH policies have been revised to ensure specific needs of Veterans are acknowledged and recognized. VA Hospitals in Beckley and Huntington WV will be a focus as time did not allow MH to visit, educate, and build the relationship desired, due to the broad coverage areas. MH is a member of the WHV state level program, which may allow for time to reach the two Beckley and Huntington facilities. Specific VA Homeless shelters will be a focus as well.

MH has options to disseminate the program beyond our organization and has already begun to plan. The relationships are growing at each educational venue. In the original work plan, MH had described establishing a coalition of Veteran end-of-life supporters. Though this has not become reality, contacts and potential members are ready, a formal group needs assessment has been initiated and meetings will be started in the near future. This coalition will support the communities in our service area and the WHV state level program. The inter agency group meetings will improve consistency across venues of services.

Replication of the Model

- **Suggestions:**

- Assure when choosing a model program that you have support within the organization
- Implement a committee to assist with developing a workable plan
- Work Plan objectives need to be very specific, do not overdo your plan, goals, objectives; stay focused and realize you can expand the plan as you reach successes along the way
- Find the best source of knowledge on the topic you choose. MH started in the areas we thought homeless and rural Veterans would be most prominent at local food banks. That plan did not work as well as we thought due to a very small attendance of Veterans and it was hard to follow up.
- The VFW, American Legions, Veteran agencies are more successful for starters.
- Reach the VSO's within the communities first, have them help organize efforts in finding the population you are trying to reach
- Assure education to those places Veterans may access first. Educating key individuals will enable distribution of information about available services.

- **Tips**

- Relationships with VA and Veterans groups
 - Don't assume your topic is something already known.
 - Stand proud and speak up, and follow up with contacts if you don't get immediate results.
 - Prioritize the contacts list. This will help you save time and avoid having to get approval to do something.
 - The Chief VA contact supporting your outreach facilitates support in other areas, state level meetings, and conferences.
 - Follow up with the contacts quarterly; share information that is useful to them.
 - Remember to find out the specific rules and organization standards so you comply with that particular facility or group.

- Don't assume all VA organizations/clinics/hospitals are the same!
 - Communications within the VA Hospitals/clinics/organizations, as close as they work together, do not assure each department has information about activities such as the WHV program.
- Other groups
 - Follow up contacts with a letter or phone call to assure your work is noticed and stays fresh. Revisit the topic annually.
 - Assure each group you address has your contact information and Volunteer opportunities are always addressed. Groups like this have members who have the time to support.
 - Find a common factor for your outreach efforts with each community group. All groups should recognize and assist in educating Veterans who are homeless and live in rural areas, but they have never been asked or they may not know how to get involved.
 - Don't hesitate to speak to all different groups even if the population in the group wouldn't be Veteran specific or related. Veterans are everywhere and are not limited to your typical Veteran groups.
 - Many Veterans are not members of Veteran groups. You will find Veterans located in other social groups and churches.
 - Don't overwhelm yourself trying to reach ALL the groups at one time. Your efforts could go on for a few years and still not reach all opportunities. Schedule your speaking for future sessions if possible.
- Tips for engaging Veterans
 - Don't hesitate: take every opportunity to thank a Veteran no matter where you are
 - You may be surprised at the surprising places you meet Veterans; don't be shocked to hear a few great stories, or have a great Volunteer looking at you willing to give back because you gave a few minutes to say thanks.
 - Honor a Veteran anytime you can.
 - Remember Veterans may have situations they are not comfortable talking about. Try to determine the comfort level with each Veteran.
- **Lessons learned**
 - Assure you have adequate time to complete your work plan. You can always add more objectives as you go.
 - Think through your work plan and make your outcomes measurable
 - Set a committee and meet regularly
 - Gather a community group to meet with the committee and delegate
 - Present the objectives your setting to complete to your outreach groups
 - The internet has endless information so you can find resources to assist you