			We	H	onor	Veterai	ns S	State	e Survey								
Iowa															Janua	ry	2012
Demographic Informati	on																
What is your organization's	cur		nt status in the W	e Ho		_	oaign	ı?									
The second Committee and the	#	%			#	%				#	%	т.	.1 24 1.		l 4 1 1	#	%
I'm not familiar with the We Honor	4	14%	Level 1 Pa	ırtner	5	17%			Level 3 Partner	1	3%	1	uon i k	anow w.	hat level we are	2	7%
Recruit	6	21%	Level 2 P	artne	r 2	7%			Level 4 Partner	0	0%		Not	•	hope to ify soon	9	31%
What type of organization ar	Free-standing hospice 10 33% Homehealth-based hospice 17 57% Other healthcare organization urban, rural, mixed # %			#	%												
						-									-	2	7%
				Hos	spital-ba	sed hospice	17	57%				Other hed	althcar	re orgai	nization	1	3%
Is your organization urban,	rura	al, mixed														#	%
or highly rural?														Highl	Mixed y Rural	15 3	52% 10%
Does your organization serve	e Ve	eterans in		#	%		#	%									
rural areas?			Yes	30	100%	No	0	0%									
Indicate VISN identified in s	erv	ice area		#	%												
			VISN23	14	100%												
Driving distance (miles) fron	n yo	our		#	%		#	%		#	%		#	%			
organization to nearest VA M	Med	lical Ctr	0 - 10	3	10%	11 - 20	4	14%	21 - 40	7	24%	>40	15	52%			
Driving distance (miles) to no	eare	est VA		#	%		#	%		#	%		#	%			
outpatient clinic			0 - 10	8	27%	11 - 20	3	10%	21 - 40	8	27%	>40	11	37%			
Type of formal relationship,	if a	nv. vou		#	%		#	%		#	%		#	%			
have with your local VA Med		• . •	Contract	1	4%	PA	7	27%	None	15	58%	Other:	3	12%			
Does your organization parti	icin	ate in a		#	%		#	%									
Hospice-Veteran Partnership	_		Yes	15	52%	No	14	48%		1		2	3		4		5
			MEAN						# of Resp	None		Little	Some		Fair amount		Great deal
How much emphasis do you	feel	l vour state	3.21						29	None 0		8	Some 11		6 amount		4
organization places on end-o		-	0.21							0%		28%	38%		21%		14%

Veterans?

KEY: Negative (1+2)

Neutral (3)

Positive (4+5)

	We Honor Veterans State	e Survey					
Iowa						Januar	y 2012
Veteran Emphasis Within the last two years, which, if any, of the follo	owing has taken place with your organization?		1	2	3	4	5
Have increased our Veteran caseload	MEAN 2.67	# of Resp 30	None 7 23%	Little 8 27%	Some 4 13%	Fair amount 10 33%	Great deal 1 3%
Have received referrals from VA staff	2.63	30	3 10%	12 40%	8 27%	7 23%	0 0%
Have experienced increased awareness of the unique needs of Veterans	3.67	30	3 10%	3 10%	5 17%	9 30%	10 33%
Have found it easier to work with our local VA Medical Center or outpatient clinic	2.70	30	6 20%	11 37%	4 13%	4 13%	5 17%
VA/Community Interface How do you rate your organization's understandin	ng in the following areas? MEAN	# of Resp	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good
Benefits to which Veterans are entitled	3.30	27	0 0%	5 19%	9 33%	13 48%	0 0%
How to assist Veterans access their benefits	3.30	27	1 4%	6 22%	7 26%	10 37%	3 11%
How to assist Veterans enroll in VA	3.12	26	1 4%	7 27%	10 38%	4 15%	4 15%

	V	r Veterans State Survey	7				
Iowa		·				Januar	y 2012
VA/Community Interface (cont.)		# of Resp	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good
How to assist terminally ill Veterans with expedited enrollment in VA	2.44	27	4 15%	11 41%	8 30%	4 15%	0 0%
The needs of Veterans by war, trauma, or population	2.96	27	3 11%	6 22%	9 33%	7 26%	2 7%
Practical use of the Military History Checklist	2.96	27	8 30%	3 11%	5 19%	4 15%	7 26%
Key aspects of the VA's national hospice and palliative care program	2.81	27	4 15%	6 22%	9 33%	7 26%	1 4%
Key aspects of the hospice and palliative care program(s) of the VA Medical Center(s) closest to you	2.78	27	3 11%	7 26%	10 37%	7 26%	0 0%
Benefits of community organizations partnering with VA to better serve	2.85	27	1 4%	10 37%	9 33%	6 22%	1 4%
Business Relationship How do you rate each of the following?			1	2	3	4	5
	MEAN	# of Resp	Very Poor	Poor	Fair	Good	Very Good
Your organization's ability to help	3.11	27	2	3	14	6	2
Veterans access needed resources	J.11		7%	11%	52%	22%	7%
Availability of information outlining tools and processes hospices need to know to do business with VA	2.85	27	2 7%	8 30%	9 33%	8 30%	0 0%

		We Honor Veterans State Sur	vey					
Iowa			-				Januar	y 2012
Business Relationship (cont.)		#	-£	1	2	3	4	5
	MEAN	Re	esp	Very Poor	Poor	Fair	Good	Very Good
Reliability and accuracy of contact information for the VA staff your organization needs to work with	3.22	2	7	1 4%	4 15%	13 48%	6 22%	3 11%
Approvals for VA-Paid hospice admissions to community hospice	3.16	2	5	1 4%	5 20%	10 40%	7 28%	2 8%
Approvals for VA-Paid hospice changes in levels of care	2.80	2	5	1 4%	9 36%	9 36%	6 24%	0 0%
Process for determining continued need for hospice services	3.29	2	4	0 0%	4 17%	10 42%	9 38%	1 4%
Reimbursement				1	2	3	4	5
	MEAN	# Re	of esp	Very Poor	Poor	Fair	Good	Very Good
Timeliness of VA reimbursement for VA- Paid hospice care	3.45	2	2	0 0%	3 14%	10 45%	5 23%	4 18%
Access to reimbursement for all four levels of VA-Paid hospice care	2.70	2	0	3 15%	4 20%	10 50%	2 10%	1 5%
Your organization's experience in billing your local VA Medical Center	3.32	2	2	0 0%	3 14%	12 55%	4 18%	3 14%

We Honor Veterans State Survey									
Iowa		·				Januar	y 2012		
Continuity of Care		# of	1 Very	2	3	4	5 Very		
	MEAN	Resp	Poor	Poor	Fair	Good	Good		
Process to coordinate the transition of Veterans' care between your organization and your local VA Medical Center	3.26	23	0 0%	6 26%	8 35%	6 26%	3 13%		
Process to coordinate VA-Paid admission to your organization's hospice inpatient unit	2.40	10	2 20%	3 30%	4 40%	1 10%	0 0%		
Process to coordinate admission from the community to VA facility (inpatient HPC unit, acute care, long term care)	2.85	20	2 10%	7 35%	5 25%	4 20%	2 10%		
Process to provide after-hour coverage for Veterans whose primary care is provided by a VA physician	2.26	19	7 37%	4 21%	4 21%	4 21%	0 0%		

We Honor Veterans State Survey

Written Comments January 2012

Iowa

Veteran Emphasis

Local VA not very receptive, have trouble just getting to talk to someone.

Referrals down due to physician turnover.

The representative in Linn county has been very helpful, most veterans know who he is.

Our referrals have increased but we realize there must be many more Vets out in the community that are not working with a VA clinic or hospital that may need Hospice services.

VA Medical Center staff not real receptive

VA / Community interface

Out staff and volunteers have gone through in services on Veterans.

Staff has gone through Veterans training

Business Relationship

Limited access to Veteran approved facilities locally. Home routine level of care is the only benefit available in this county. No nursing Homes are contracted in the area.

What is confusing sometimes is getting a good understanding of coverage of items that the vet may have already or need. What does the VA pay for and what should be covered by hospice? Sometimes vets have equipment in their homes that Hospice may not be aware of as well.

Reimbursement

All veterans have elected the medicare benefit instead due to limited access of services. If there was a need for higher care than routine home care they needed to transfer to another county to receive services.

I do not do billing and at this time do not have access to that information.

We have been told that the VA hospice benefit does not reimburse for respite or continuous care level of care. If a VA pay patient needs GIP level of care, they receive that at the local VA Medical Center.

Continuity of Care

We have great working relationships with the VA approved facitilities and assist them to transfer to other hospice providers when not in our service area.

Majority of VA patients are followed by hospice medical director after hours at the request of the VA physician. VA willingly accepts the care of a veteran inpatient but ability to continue coordinating care while inpatient is limited.