

We Honor Veterans State Survey

Ohio

March 2012

Demographic Information

What is your organization's current enrollment status in the We Honor Veteran's campaign?

	#	%		#	%		#	%
I'm not familiar with the We Honor Recruit	5	14%	Level 1 Partner	6	17%	Level 3 Partner	6	17%
	9	25%	Level 2 Partner	4	11%	Level 4 Partner	1	3%
						I don't know what level we are	2	6%
						Not yet, but hope to qualify soon	3	8%

What type of organization are you?

	#	%		#	%
<i>Free-standing hospice</i>	24	67%	<i>Homehealth-based hospice</i>	1	3%
<i>Hospital-based hospice</i>	8	22%	<i>Other healthcare organization</i>	3	8%

Is your organization urban, rural, mixed or highly rural?

	#	%		#	%
<i>Urban</i>	4	11%	<i>Mixed</i>	22	61%
<i>Rural</i>	10	28%	<i>Highly Rural</i>	0	0%

Does your organization serve Veterans in rural areas?

	#	%		#	%
<i>Yes</i>	33	94%	<i>No</i>	2	6%

Indicate VISN identified in service area

	#	%		#	%		#	%
<i>VISN4</i>	2	8%	<i>VISN9</i>	2	8%	<i>VISN10</i>	18	72%
						<i>VISN11</i>	3	12%

Driving distance (miles) from your organization to nearest VA Medical Ctr

	#	%		#	%		#	%
<i>0 - 10</i>	4	11%	<i>11 - 20</i>	7	20%	<i>21 - 40</i>	10	29%
						<i>>40</i>	14	40%

Driving distance (miles) to nearest VA outpatient clinic

	#	%		#	%		#	%
<i>0 - 10</i>	11	31%	<i>11 - 20</i>	8	23%	<i>21 - 40</i>	13	37%
						<i>>40</i>	3	9%

Type of formal relationship, if any, you have with your local VA Medical Center

	#	%		#	%		#	%
<i>Contract</i>	9	27%	<i>PA</i>	9	27%	<i>None</i>	12	36%
						<i>Other:</i>	3	9%

Does your organization participate in a Hospice-Veteran Partnership?

	#	%		#	%
<i>Yes</i>	23	68%	<i>No</i>	11	32%

How much emphasis do you feel your state organization places on end-of-life care for Veterans?

MEAN

3.80



of Resp

35

None

1

3%

Little

3

9%

Some

9

26%

Fair amount

11

31%

Great deal

11

31%

KEY: Negative (1+2) ■ Neutral (3) ■ Positive (4+5) ■

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Veteran Emphasis

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

	MEAN		# of Resp	1 None	2 Little	3 Some	4 Fair amount	5 Great deal
Have increased our Veteran caseload	2.79		29	7 24%	5 17%	7 24%	7 24%	3 10%
Have received referrals from VA staff	2.17		30	10 33%	10 33%	6 20%	3 10%	1 3%
Have experienced increased awareness of the unique needs of Veterans	3.72		32	3 9%	3 9%	5 16%	10 31%	11 34%
Have found it easier to work with our local VA Medical Center or outpatient clinic	2.63		30	9 30%	7 23%	5 17%	4 13%	5 17%

VA/Community Interface

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

	MEAN		# of Resp	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good
Benefits to which Veterans are entitled	3.76		33	0 0%	4 12%	6 18%	17 52%	6 18%
How to assist Veterans access their benefits	3.75		32	0 0%	4 13%	6 19%	16 50%	6 19%
How to assist Veterans enroll in VA	3.61		31	1 3%	3 10%	8 26%	14 45%	5 16%

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VA/Community Interface (cont.)

			1	2	3	4	5
		# of Resp	Very Poor	Poor	Fair	Good	Very Good
How to assist terminally ill Veterans with expedited enrollment in VA	3.45	33	2 6%	6 18%	7 21%	11 33%	7 21%
The needs of Veterans by war, trauma, or population	3.38	32	1 3%	6 19%	11 34%	8 25%	6 19%
Practical use of the Military History Checklist	3.41	32	2 6%	11 34%	1 3%	8 25%	10 31%
Key aspects of the VA's national hospice and palliative care program	3.55	33	1 3%	5 15%	11 33%	7 21%	9 27%
Key aspects of the hospice and palliative care program(s) of the VA Medical Center(s) closest to you	3.24	33	0 0%	10 30%	10 30%	8 24%	5 15%
Benefits of community organizations partnering with VA to better serve Veterans	3.44	32	1 3%	5 16%	10 31%	11 34%	5 16%

Business Relationship

How do you rate each of the following?





			1	2	3	4	5
		# of Resp	Very Poor	Poor	Fair	Good	Very Good
MEAN							
Your organization's ability to help Veterans access needed resources	3.61	31	1 3%	3 10%	8 26%	14 45%	5 16%
Availability of information outlining tools and processes hospices need to know to do business with VA	3.52	31	1 3%	3 10%	11 35%	11 35%	5 16%

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Business Relationship (cont.)

	MEAN		# of Resp	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good
Reliability and accuracy of contact information for the VA staff your organization needs to work with	3.58		31	1 3%	5 16%	8 26%	9 29%	8 26%
Approvals for VA-Paid hospice admissions to community hospice	3.34		29	3 10%	4 14%	9 31%	6 21%	7 24%
Approvals for VA-Paid hospice changes in levels of care	3.21		29	3 10%	6 21%	7 24%	8 28%	5 17%
Process for determining continued need for hospice services	3.70		30	2 7%	3 10%	6 20%	10 33%	9 30%

Reimbursement

	MEAN		# of Resp	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good
Timeliness of VA reimbursement for VA-Paid hospice care	3.21		19	1 5%	2 11%	8 42%	8 42%	0 0%
Access to reimbursement for all four levels of VA-Paid hospice care	3.18		17	1 6%	2 12%	7 41%	7 41%	0 0%
Your organization's experience in billing your local VA Medical Center	3.24		17	1 6%	2 12%	7 41%	6 35%	1 6%

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Continuity of Care

	MEAN		# of Resp	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good
Process to coordinate the transition of Veterans' care between your organization and your local VA Medical Center	3.71		24	2 8%	1 4%	7 29%	6 25%	8 33%
Process to coordinate VA-Paid admission to your organization's hospice inpatient unit	3.64		11	1 9%	1 9%	2 18%	4 36%	3 27%
Process to coordinate admission from the community to VA facility (inpatient HPC unit, acute care, long term care)	3.45		20	1 5%	1 5%	9 45%	6 30%	3 15%
Process to provide after-hour coverage for Veterans whose primary care is provided by a VA physician	3.22		18	1 6%	4 22%	6 33%	4 22%	3 17%

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Written Comments

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Veteran Emphasis

Most of our referrals of veterans come from our hospitals. the VA doesn't refer to us, and sometimes seem put off when we call them and say we have a referral and are working with a vet

We find that most veterans patients are unaware of their benefits, including the aide & attend program. When directed to the local offices, they are given run-around and give up. Additional education from the VA would be extremely helpful!

We are a start-up office of a National Hospice program and we are still in the Medicare accreditation process; therefore, we have few patients and are not eligible for a contract with the VA to provide Hospice services. As soon as this process is completed, we will pursue a VA contract.

My contact with the Stokes VA Clinic has largely been with the Social Worker Department. They have been wonderful. They have provided me information for our newly signed hospice patients.

The local VA Clinic is very difficult to work with & our medical director has to assume the responsibilities of the VA Clinic physicians. We do not receive referrals from the local VA Clinic but due from the larger outpatient clinics. There are 2 physicians at the local clinic. One seems interested in wanting the best for his patients. The other has expressed that she is opposed to the hospice philosophy.

Business Relationship

The staff of this new hospice all have previous hospice experience with an organization that had a VA contract and we worked closely with the VA. We have the knowledge and will apply it when we obtain our VA contract.

Reimbursement

We always get paid, but a lot of follow up is required

I am not privileged to this information

Our billing department takes care of this and as far as I know there have been no issues.

Continuity of Care

There is no after hour services at the local VA clinic