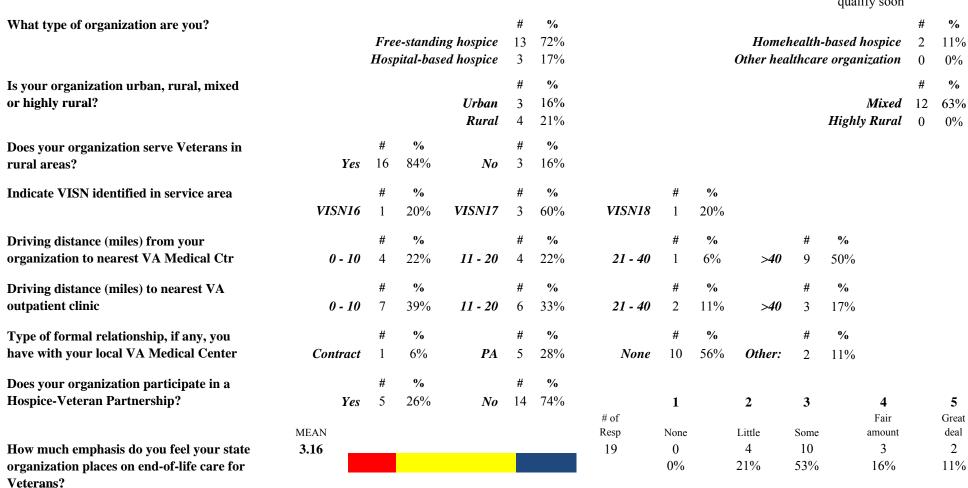
			We Ho	nor	· Veterai	ns S	State	e Survey					
Texas											Janua	ıry	2012
Demographic Informat	ion												
What is your organization's	cur	rent enrollm	ent status in the We Hon	or V	eteran's camp	paign	ı?						
	#	%		#	%				#	%		#	%
I'm not familiar with the We Honor	5	26%	Level 1 Partner	4	21%			Level 3 Partner	2	11%	I don't know what level we are	2	11%
Recruit	2	11%	Level 2 Partner	1	5%			Level 4 Partner	0	0%	Not yet, but hope to qualify soon		16%
What type of organization a	re y	ou?				#	%					#	%
, 1	•		Free	-stan	ding hospice	13	72%				Homehealth-based hospice	2	11%
					ased hospice	3	17%				Other healthcare organization	0	0%
Is your organization urban,	rur	al, mixed				#	%					#	%
or highly rural?					Urban	3	16%				Mixed	12	63%
					Rural	4	21%				Highly Rural	0	0%
Does your organization serv	e V	eterans in	#	%		#	%						



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

We Honor Veterans State Survey									
Cexas						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		
	MEAN	# of Resp	None	Little	Some	Fair amount	Great deal		
		16	None 5	2	Some 8	amount 1	0		
lave increased our Veteran caseload	2.31		31%	13%	50%	6%	0%		
		16	4	2	9	1	0		
ave received referrals from VA staff	2.44	1	25%	13%	56%	6%	0%		
lave experienced increased awareness of	3.53	17	1	4	2	5	5		
ne unique needs of Veterans	3.33		6%	24%	12%	29%	29%		
Iave found it easier to work with our local	2.13	16	6	3	6	1	0		
A Medical Center or outpatient clinic			38%	19%	38%	6%	0%		
/A/Community Interface									
How do you rate your organization's understanding	ig in the following areas?		1	2	3	4	5		
	MON	# of	Very	D	P-i-	Cond	Very		
	MEAN	Resp 15	Poor 0	Poor 0	Fair 6	Good 5	Good 4		
Senefits to which Veterans are entitled	3.87		0%	0%	40%	33%	27%		
V	2.67	15	0	1	7	3	4		
low to assist Veterans access their enefits	3.67	1	0%	7%	47%	20%	27%		
	3.67	15	1	0	5	6	3		
ow to assist Veterans enroll in VA	3.07		7%	0%	33%	40%	20%		

		Veterans State Survey	7				
Texas						Januar	y 2012
VA/Community Interface (cont.)			1	2	3	4	5
		# of	Very	D	F-i-	Good	Very
		Resp 15	Poor 1	Poor 0	Fair 8	3	Good 3
How to assist terminally ill Veterans with expedited enrollment in VA	3.47		7%	0%	53%	20%	20%
The mode of Voterone has more transmission	2 20	15	0	4	6	3	2
The needs of Veterans by war, trauma, or population	3.20		0%	27%	40%	20%	13%
D	2.4=	15	2	3	2	5	3
Practical use of the Military History Checklist	3.27		13%	20%	13%	33%	20%
	2.20	15	2	0	8	3	2
Key aspects of the VA's national hospice and palliative care program	3.20		13%	0%	53%	20%	13%
Key aspects of the hospice and palliative	• 00	15	2	2	6	5	0
care program(s) of the VA Medical Center(s) closest to you	2.93		13%	13%	40%	33%	0%
Benefits of community organizations	2.12	15	1	2	7	4	1
partnering with VA to better serve Veterans	3.13		7%	13%	47%	27%	7%
Business Relationship							
How do you rate each of the following?		<i>н</i> - с	1	2	3	4	5
	MEAN	# of Resp	Very Poor	Poor	Fair	Good	Very Good
Your organization's ability to help	3.33	15	2	0	6	5	2
Veterans access needed resources	3.33		13%	0%	40%	33%	13%
Availability of information outlining tools	2 = 2	15	3	3	6	1	2
and processes hospices need to know to do business with VA	2.73		20%	20%	40%	7%	13%

		We Honor Veterans State Surve	ż y				
Texas						Januar	y 2012
Business Relationship (cont.)		# of	1 Very	2	3	4	5 Very
-	MEAN	Resp	Poor	Poor	Fair	Good	Good
Reliability and accuracy of contact information for the VA staff your organization needs to work with	2.80	15	3 20%	2 13%	7 47%	1 7%	2 13%
Approvals for VA-Paid hospice admissions to community hospice	3.14	14	2 14%	1 7%	6 43%	3 21%	2 14%
Approvals for VA-Paid hospice changes in levels of care	3.00	14	3 21%	0 0%	7 50%	2 14%	2 14%
Process for determining continued need for hospice services	3.14	14	2 14%	1 7%	7 50%	1 7%	3 21%
Reimbursement		# of	1 Very	2	3	4	5 Very
	MEAN	# of Resp	Very Poor	Poor	Fair	Good	Very Good
Timeliness of VA reimbursement for VA- Paid hospice care	3.00	14	2 14%	2 14%	5 36%	4 29%	1 7%
Access to reimbursement for all four levels of VA-Paid hospice care	2.71	14	3 21%	2 14%	6 43%	2 14%	1 7%
Your organization's experience in billing your local VA Medical Center	3.46	13	1 8%	0 0%	5 38%	6 46%	1 8%

	We I	onor Veterans State Sur	vey					
Texas							Januar	y 2012
Continuity of Care		# 4	of	1 Very	2	3	4	5 Very
	MEAN	Re	esp	Poor	Poor	Fair	Good	Good
Process to coordinate the transition of Veterans' care between your organization and your local VA Medical Center	3.13	1	5	1 7%	2 13%	7 47%	4 27%	1 7%
Process to coordinate VA-Paid admission to your organization's hospice inpatient unit	2.63	8	3	3 38%	0 0%	3 38%	1 13%	1 13%
Process to coordinate admission from the community to VA facility (inpatient HPC unit, acute care, long term care)	3.00	1	5	2 13%	1 7%	8 53%	3 20%	1 7%
Process to provide after-hour coverage for Veterans whose primary care is provided by a VA physician	2.46	1	3	3 23%	3 23%	6 46%	0 0%	1 8%

We Honor Veterans State Survey

Written Comments January 2012

Texas

Veteran Emphasis

We have tried to work with our local VA and have hit a brick wall. We have set in on contracting meetings and cannot even seem to get a contract with them. When we speak with most people they say we don't need a contract but when it gets down to actually providing care for a specific patient, they say they can't use us because there is no contract. This is perhaps the most frustrating relationship we have. We have services available and people that have a heart for veterans and we constantly hit road blocks

Our local VA uses a rotation system for referrals unless it is a need only our hospice can fill (in-patient, ventilator support).

We have always had a great working relationship with the VA Medical Center in Amarillo, TX. Any patients in our area that need Hospice, and request our Hospice, we are called by the VA Staff. We feel that we have a great relationship with the staff and billing departments.

The local VA staff can be very demanding and difficult to deal with. The veterans are not sure what they have as benefits and we are usually the last to know. There is favitorism shown to larger national companies with regard to referrals and placement.

VA / Community interface

Some of the "fairs" are an average. We have multiple offices some of which are working hand in hand with VA facilities and others that are just getting aquainted.

Well, ironically, those answers say it all.

Business Relationship

The contracting system which was already complicated has been further complicated by the requirement that the hospice provider be a small business which rules out non-profit providers who are often the choice for local VA provider staff.

N/A I am uninformed in these catergories