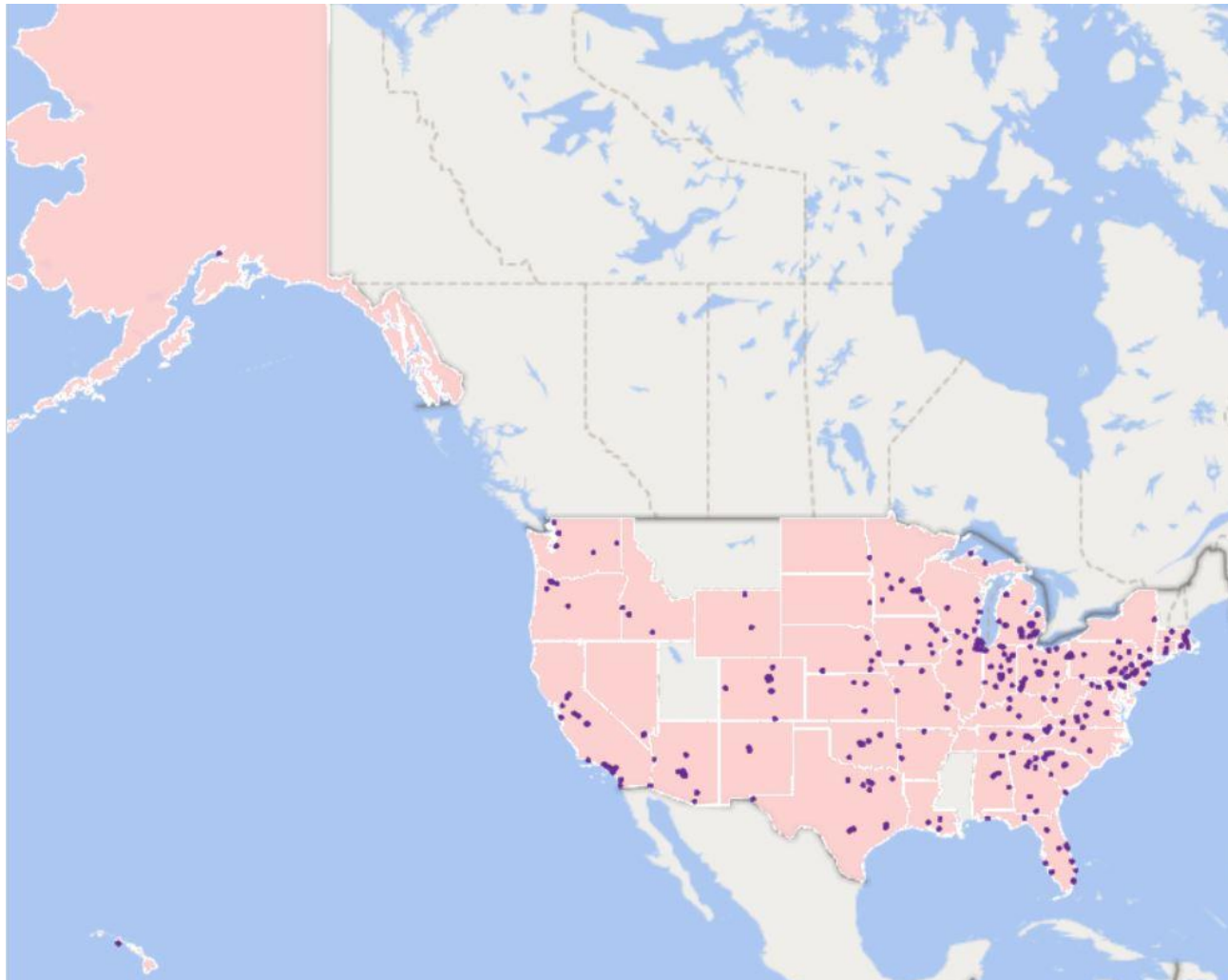
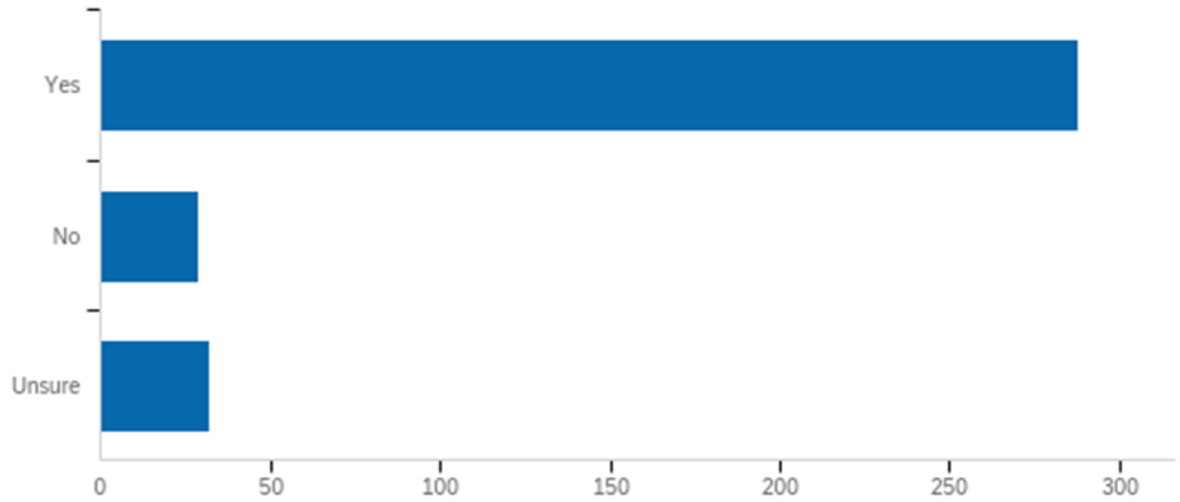

HVP Evaluation and VA Community Connection Needs Final FY22 Survey (March 2023)

1. What is your organization's zip code?

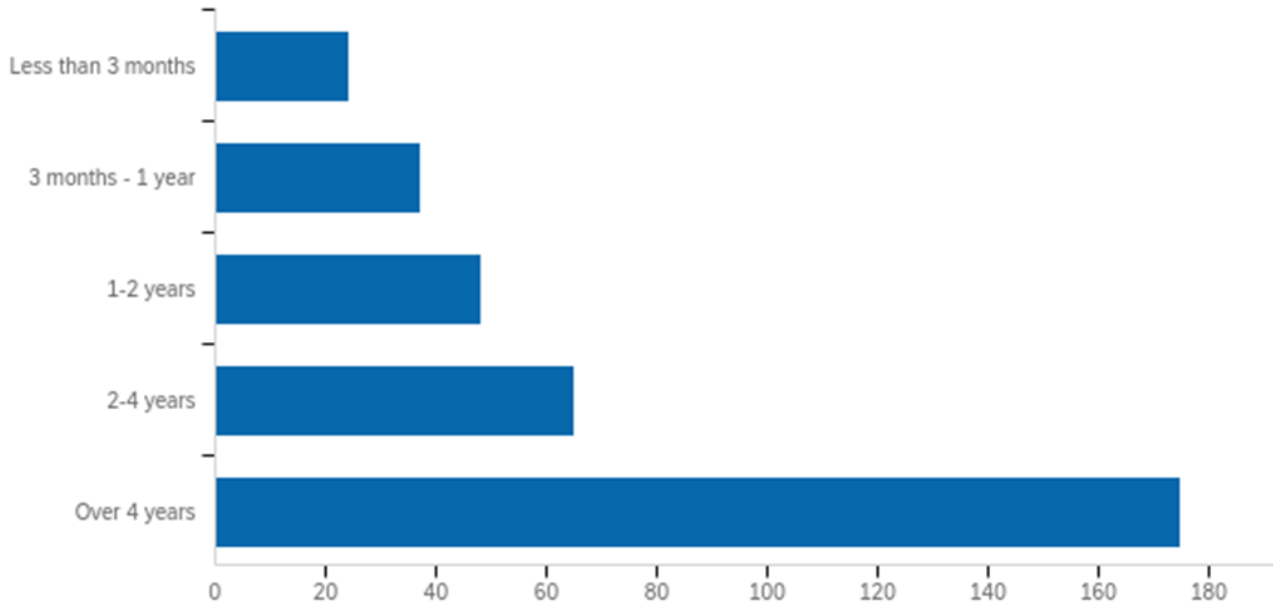


2. Is your organization a member of NHPCO?



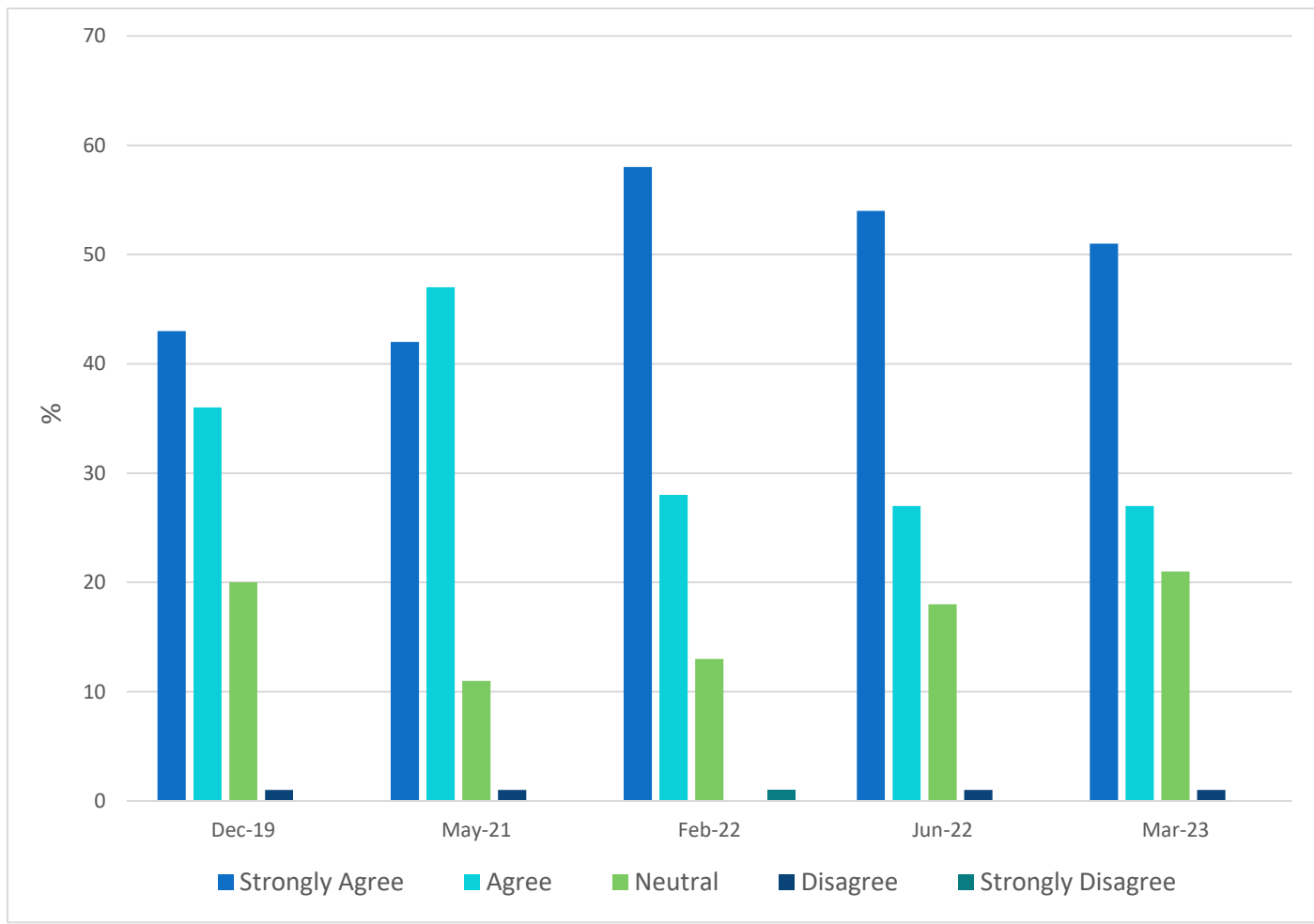
	%	Count
Yes	83%	288
No	8%	29
Unsure	9%	32
Total Responses		349

3. How long have you been working with the WHV program? *If less than 1 year, please see our WHV 101 Video and FAQ page.



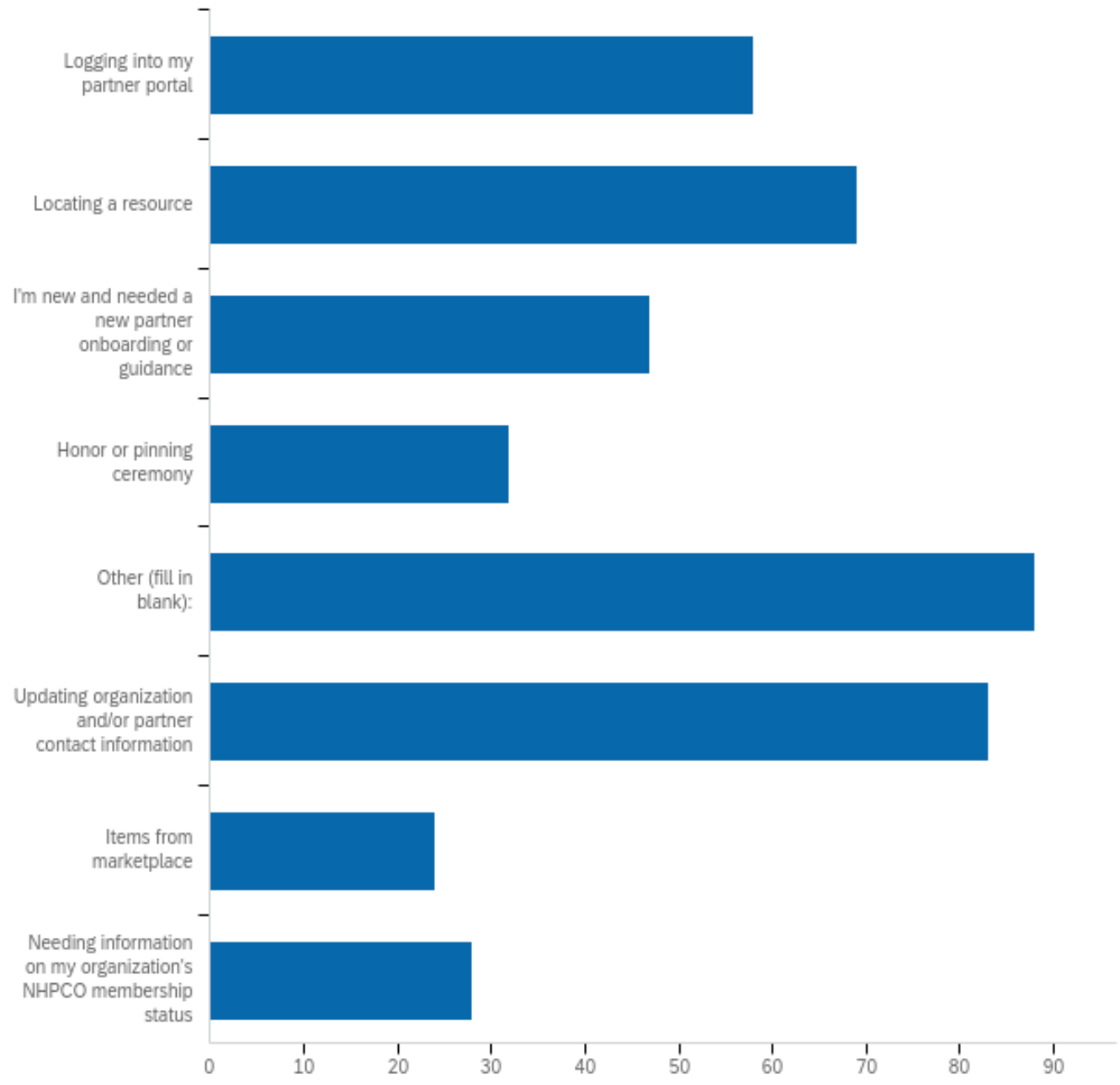
	%	Count
Less than 3 months	7%	24
3 months - 1 year	10%	37
1-2 years	14%	48
2-4 years	19%	65
Over 4 years	50%	175
Total Responses		349

4. **If you have had contact with the WHV team in the last 12 months: My experience with customer service from WHV has been excellent.*



	Dec 2019		May 2021		Feb 2022		June 2022		March 2023	
Strongly Agree	43%	49	42%	160	58%	101	54%	124	51%	156
Agree	36%	40	46%	179	28%	48	27%	61	27%	82
Neutral	20%	23	11%	42	13%	23	18%	42	21%	66
Disagree	1%	1	1%	3	0%	0	1%	1	1%	2
Strongly Disagree	0%	0	0%	1	1%	1	0%	0	0%	1
Total Responses		113		385		173		228		307

**5. If you've contacted the WHV team, what was the subject matter you reached out for?
(select all that apply):**



	%	Count
Logging into my partner portal	13%	58
Locating a resource	16%	69
I'm new and needed a new partner onboarding or guidance	11%	47
Honor or pinning ceremony	7%	32
Other (fill in blank):	21%	88
Updating organization and/or partner contact information	19%	83
Items from marketplace	6%	24
Needing information on my organization's NHPCO membership status	7%	28
Total Responses		429

Other (fill in blank):

Partner Levels:

- Covid adjustments to criteria.
- Clarification on level requirements.
- Guidance on filling out a partner activity report.
- Growing partner program.

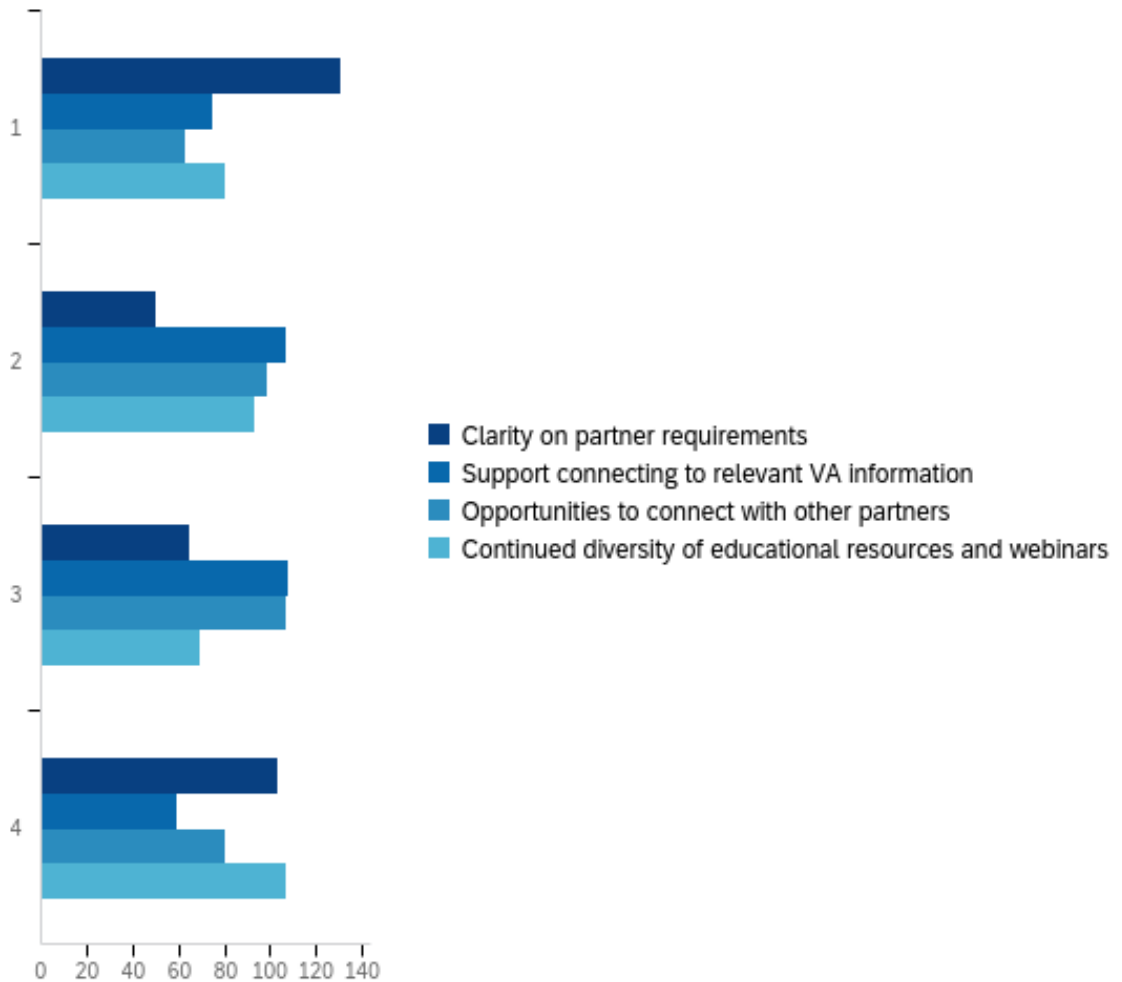
Misc.:

- Needing an updated Veteran's Guide
- WHV Office Hours
- webinars/chats

Level 5:

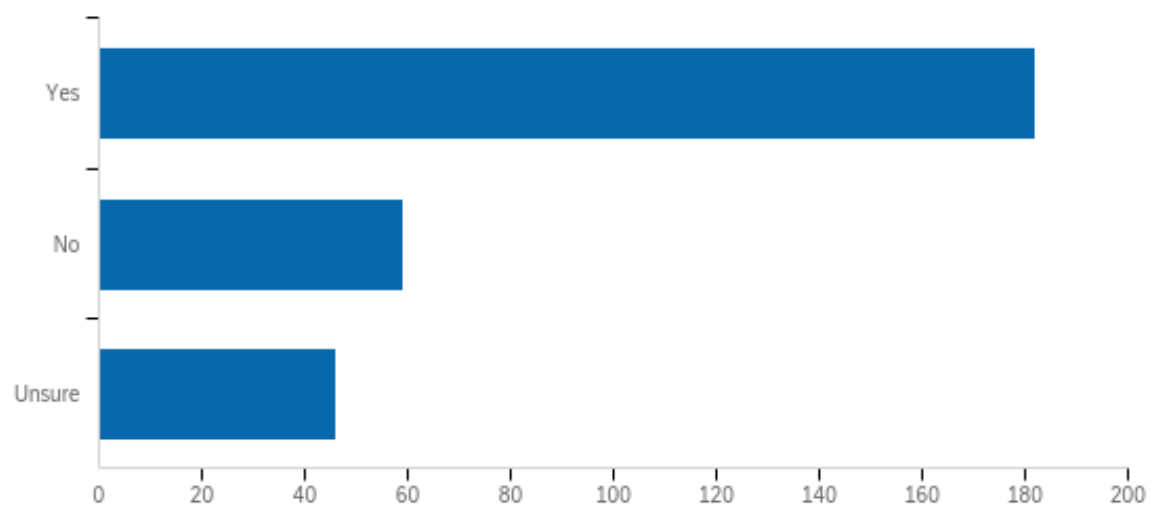
- Status guidance
- Questions about what activities are acceptable for various Level 5 WHV activities.
- Extension for our Level 5
- New Level 5 webinars for staff and volunteers
- Certificate Information
- Level 5 Resources

6. Aside from the partner portal, please rank what you need most from the WHV website to better serve the needs of Veteran patients (rank each 1-4, 1 being most important):



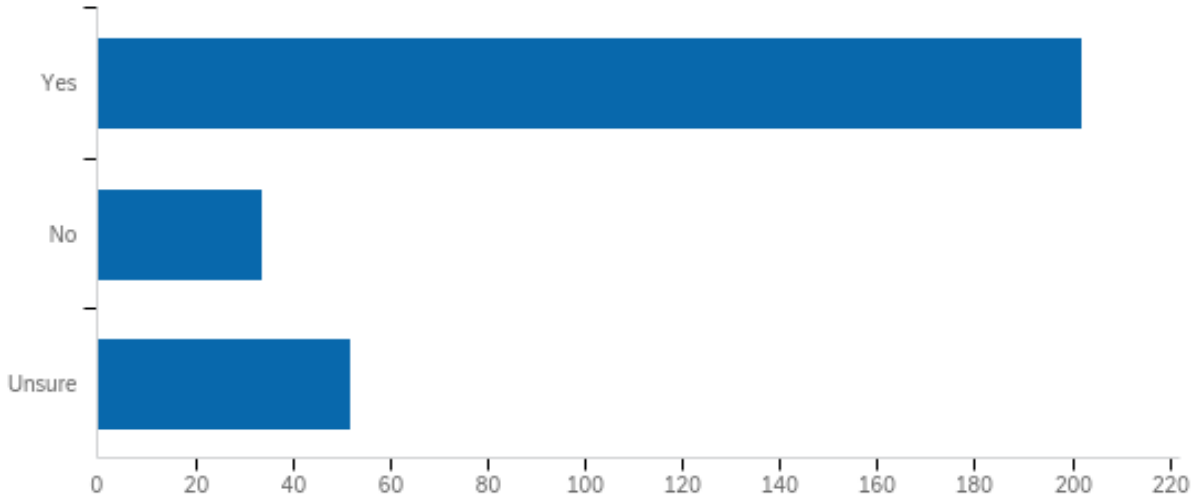
	1		2		3		4		Total Responses
Clarity on partner requirements	38%	131	14%	50	19%	65	29%	103	349
Support connecting to relevant VA information	21%	75	31%	107	31%	108	17%	59	349
Opportunities to connect with other partners	18%	63	28%	99	31%	107	23%	80	349
Continued diversity of educational resources and webinars	23%	80	26%	93	20%	69	31%	107	349

7. Does your organization's staff orientation process include training to screen for and address PTSD, Moral Injury, and Suicidal Ideation?



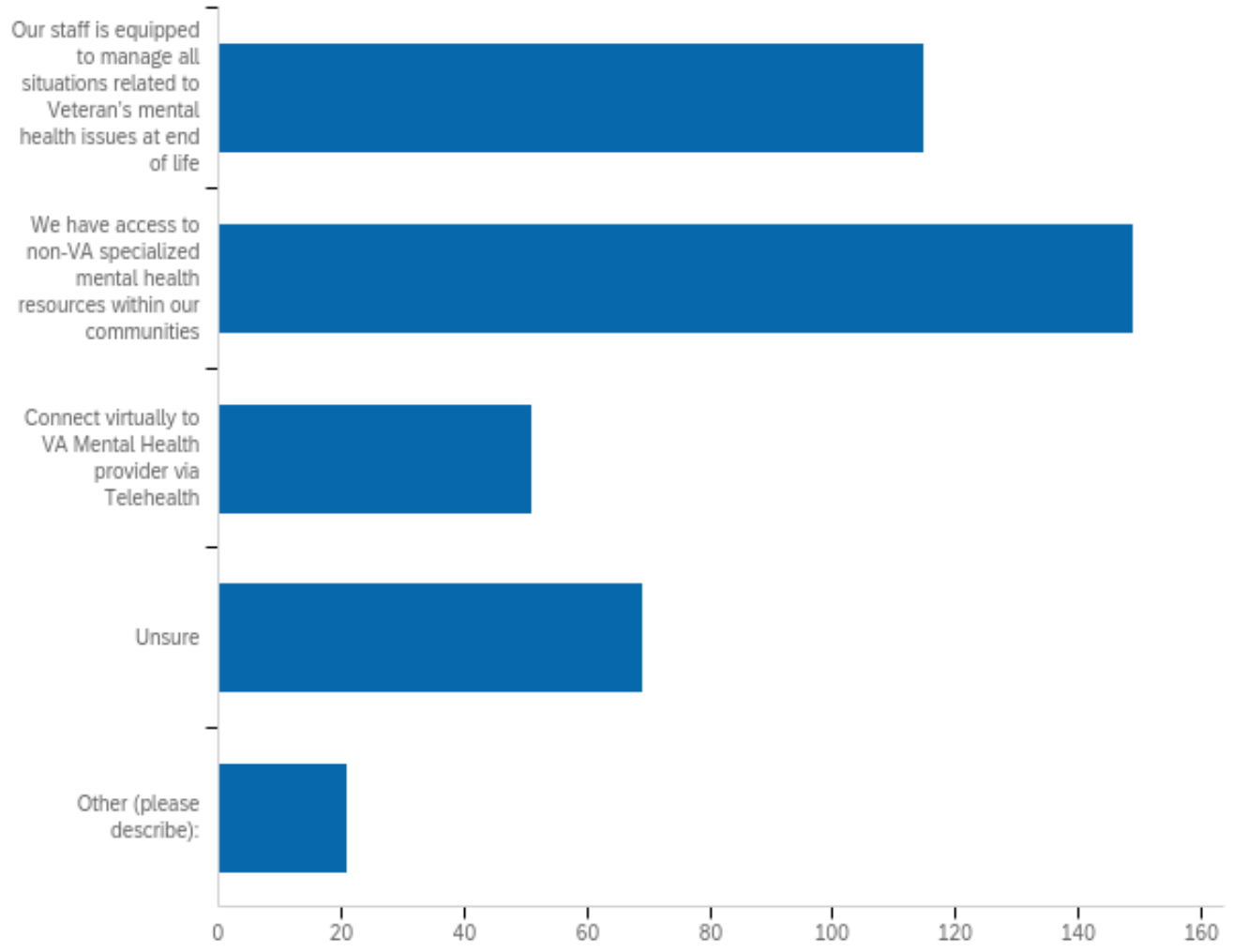
	%	Count
Yes	63%	182
No	21%	59
Unsure	16%	46
Total Responses		287

8. Are PTSD, Suicidal Ideation, Moral Injury, Depression, and Anxiety routinely screened for?



	%	Count
Yes	70%	202
Unsure	18%	52
No	12%	34
Total Responses		288

9. For Veterans screening positive in at least one domain (PTSD, Moral Injury, risk of suicide, depression, anxiety), our process is to (select all that apply):



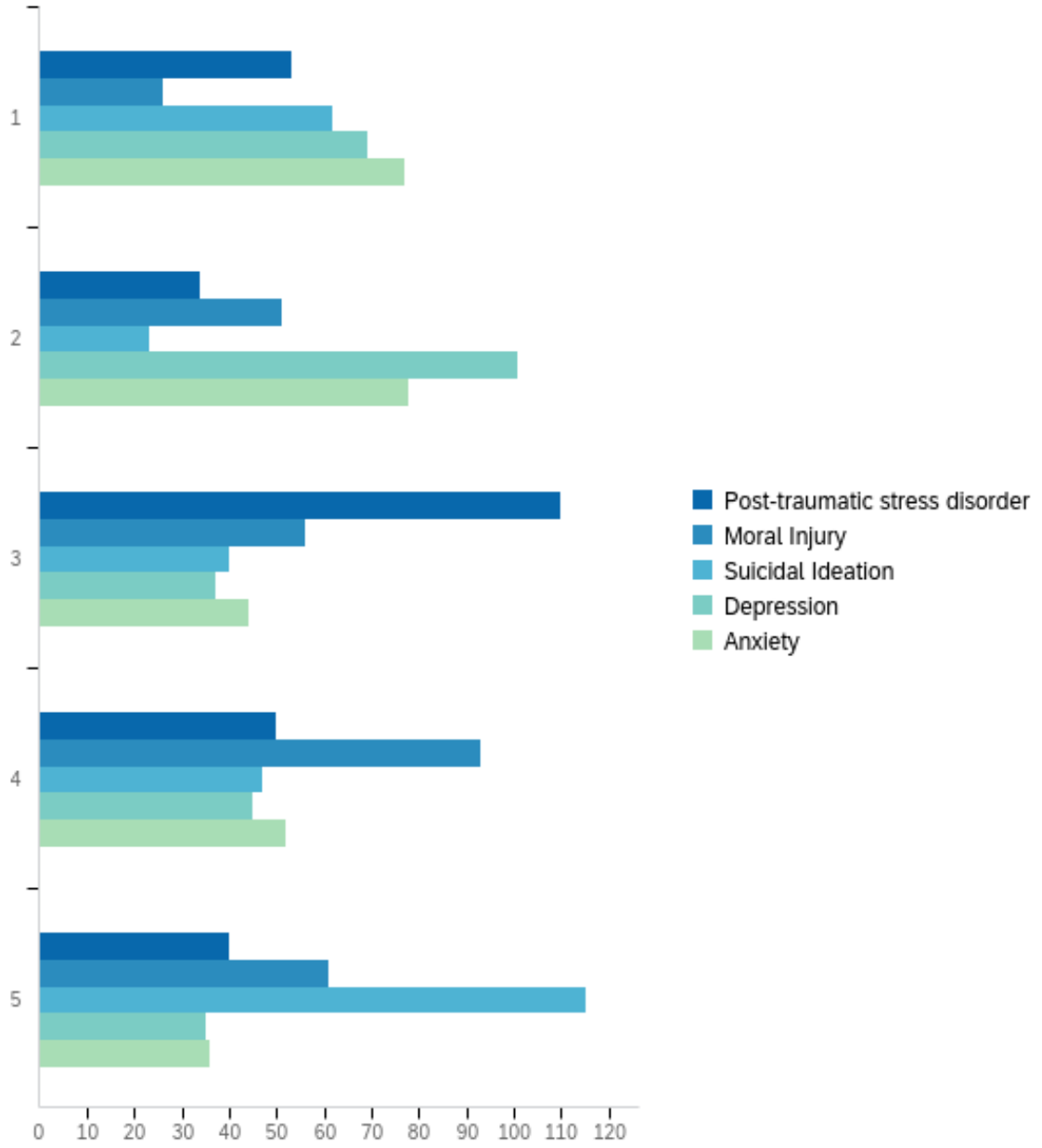
	%	Count
Our staff is equipped to manage all situations related to Veteran's mental health issues at end of life	28%	115
We have access to non-VA specialized mental health resources within our communities	37%	149
Connect virtually to VA Mental Health provider via Telehealth	13%	51
Unsure	17%	69
Other (please describe):	5%	21
Total Responses		405

Other (please describe):

Themes:

- Our staff knows that the WHV partner liaison, Volunteer Coordinator, and others, internal and external are available to talk with our Social Workers regarding any Veteran needs.
- Our social worker has worked for the VA or is connected to VA for any needs outside of our own staffing.
- Access to PTSD Consult (program offered by VA to support clinicians with PTSD concerns/questions).
- We screen all patients for depression, anxiety, and suicide, with follow-up interventions based on scores.
- Wish we had more options.
- Both staff proficiency and connecting with our VAMC resources.
- Our staff is equipped to manage most situations, and referrals are made when needed.
- Our hospice staff is trained, and there is a linkage to VA Mental Health providers via telehealth utilized if the Veteran is agreeable.

10. For Veterans that screen positive, please rank the following in terms of frequency (rank each 1-5, 1 being the most common):



March 2023:

	1		2		3		4		5		Total Responses
Post-traumatic stress disorder	18%	53	12%	34	38%	110	18%	50	14%	40	287
Moral Injury	9%	26	18%	51	20%	56	32%	93	21%	61	287
Suicidal Ideation	22%	62	8%	23	14%	40	16%	47	40%	115	287
Depression	24%	69	35%	101	13%	37	16%	45	12%	35	287
Anxiety	27%	77	27%	78	15%	44	18%	52	13%	36	287

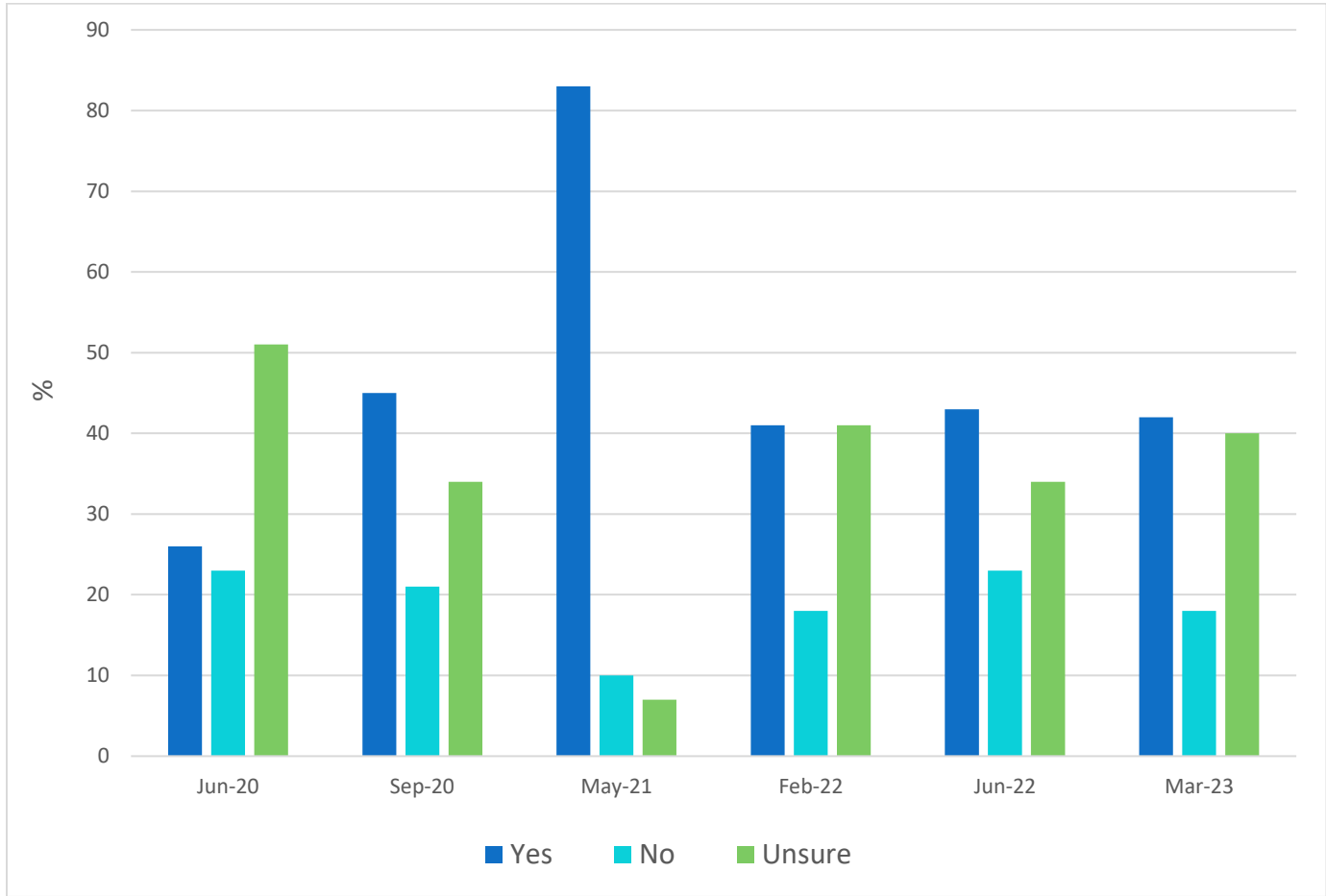
June 2022:

	1		2		3		Total Responses
Post-traumatic stress disorder	66%	97	20%	29	14%	20	146
Moral Injury	18%	24	61%	82	21%	29	135
Suicidal Ideation	14%	19	16%	23	70%	97	139

Feb 2022:

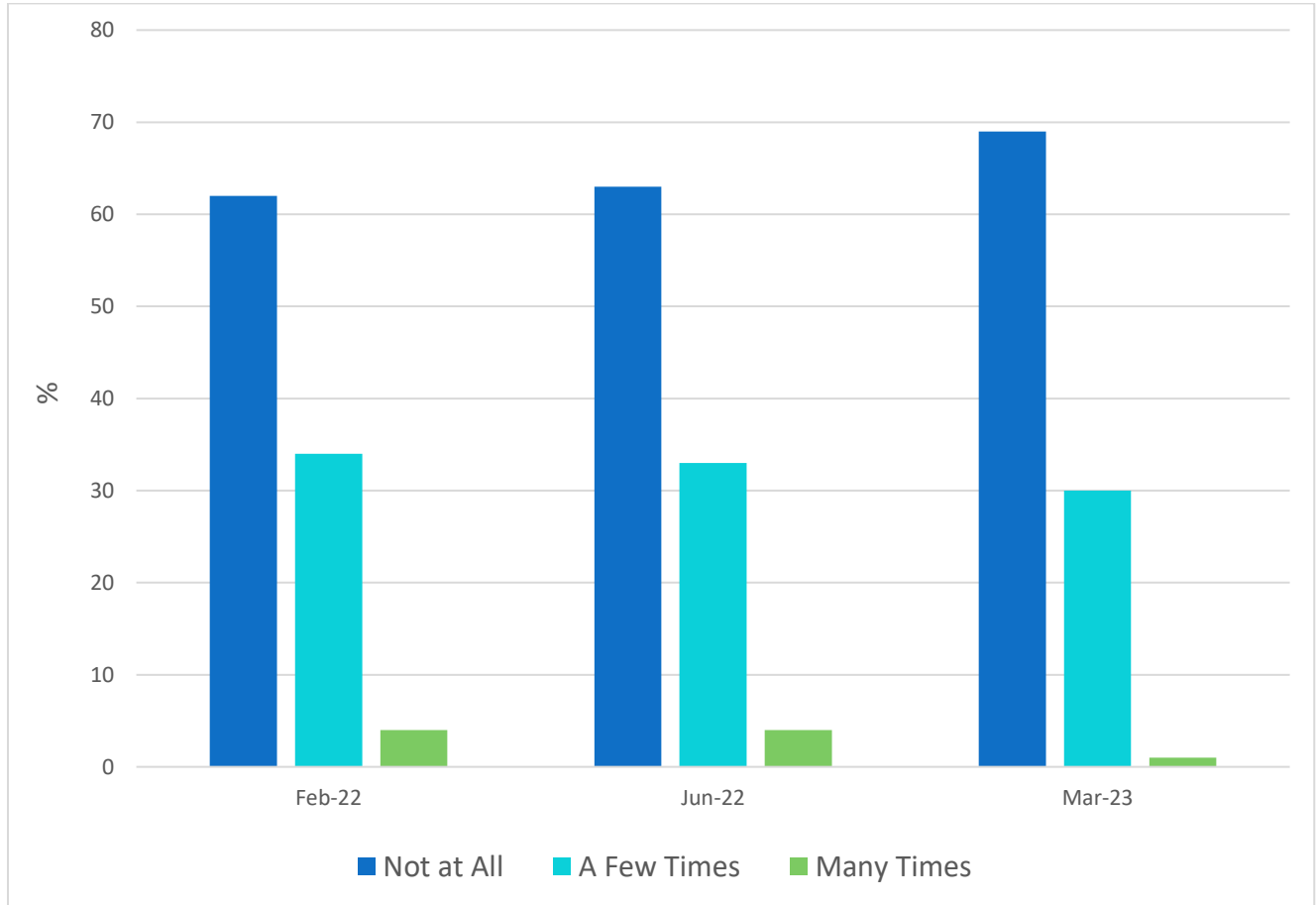
	1		2		3		Total Responses
Post-traumatic stress disorder	59%	62	32%	33	9%	9	104
Moral Injury	24%	23	49%	47	27%	26	96
Suicidal Ideation	11%	11	17%	18	72%	74	103

11. Is a Psychologist or other Mental Health Provider readily available to treat these common Veteran issues within 24-48 hours of diagnosis?



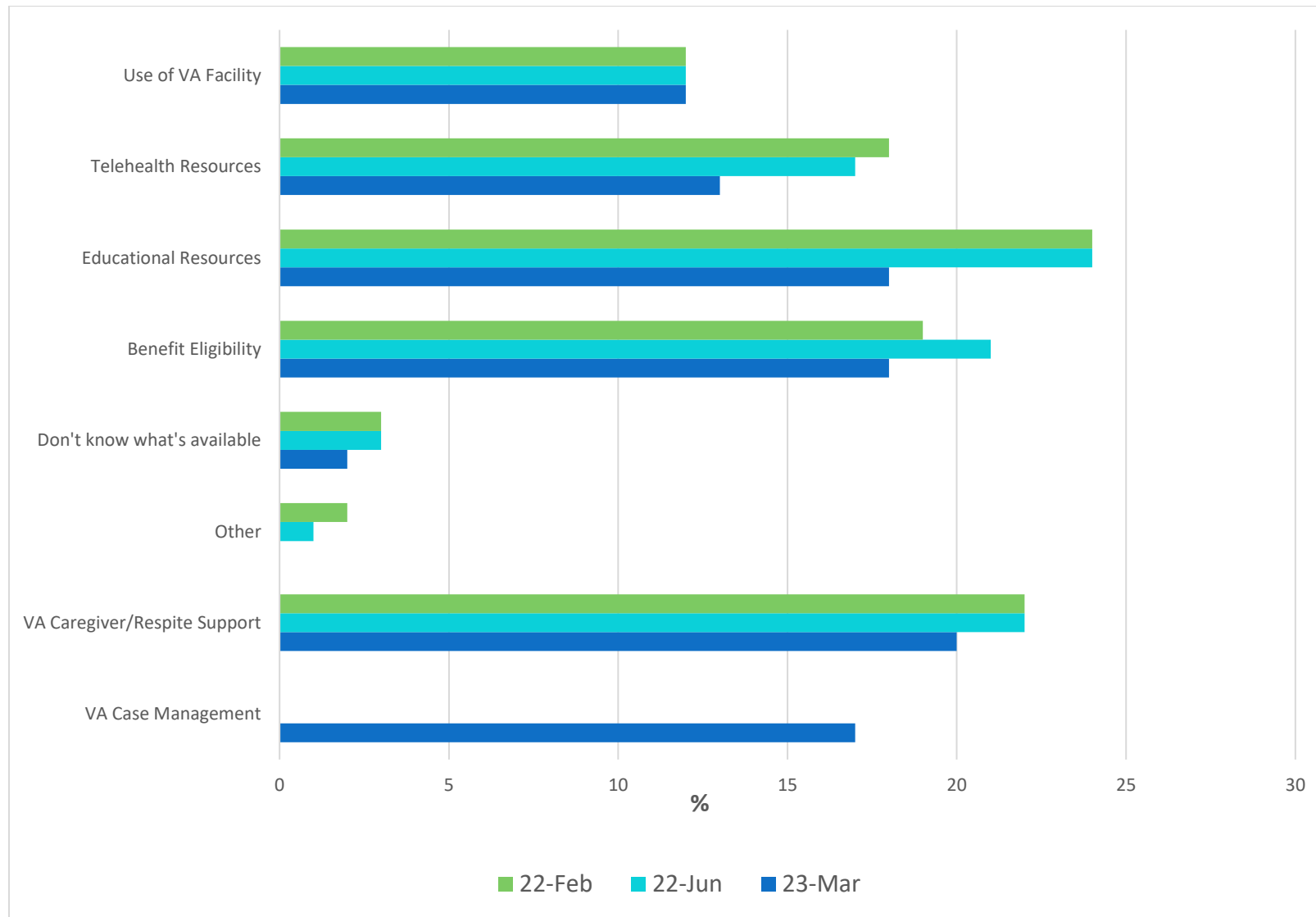
	June 2020		Sept 2020		May 2021		Feb 2022		June 2022		March 2023	
Yes	26%	58	45%	107	83%	311	41%	58	43%	81	42%	121
No	23%	51	21%	51	10%	37	18%	26	23%	43	18%	51
Unsure	51%	112	34%	80	7%	28	41%	59	34%	64	40%	115
Total Responses		221		238		376		143		188		287

12. In the last 12 months, have you used (or have you referred a patient in your care to use) VA Telehealth resources - e.g., care provided to a Veteran via telephone or video?



	Feb 2022		June 2022		March 2023	
Not at all	62%	76	63%	118	69%	198
A few times	34%	42	33%	63	30%	86
Many times	4%	5	4%	7	1%	3
Total Responses		123		188		287

13. What VA resources would be most helpful to you or could be helpful in supporting your care of Veterans and their families? Check all that apply.

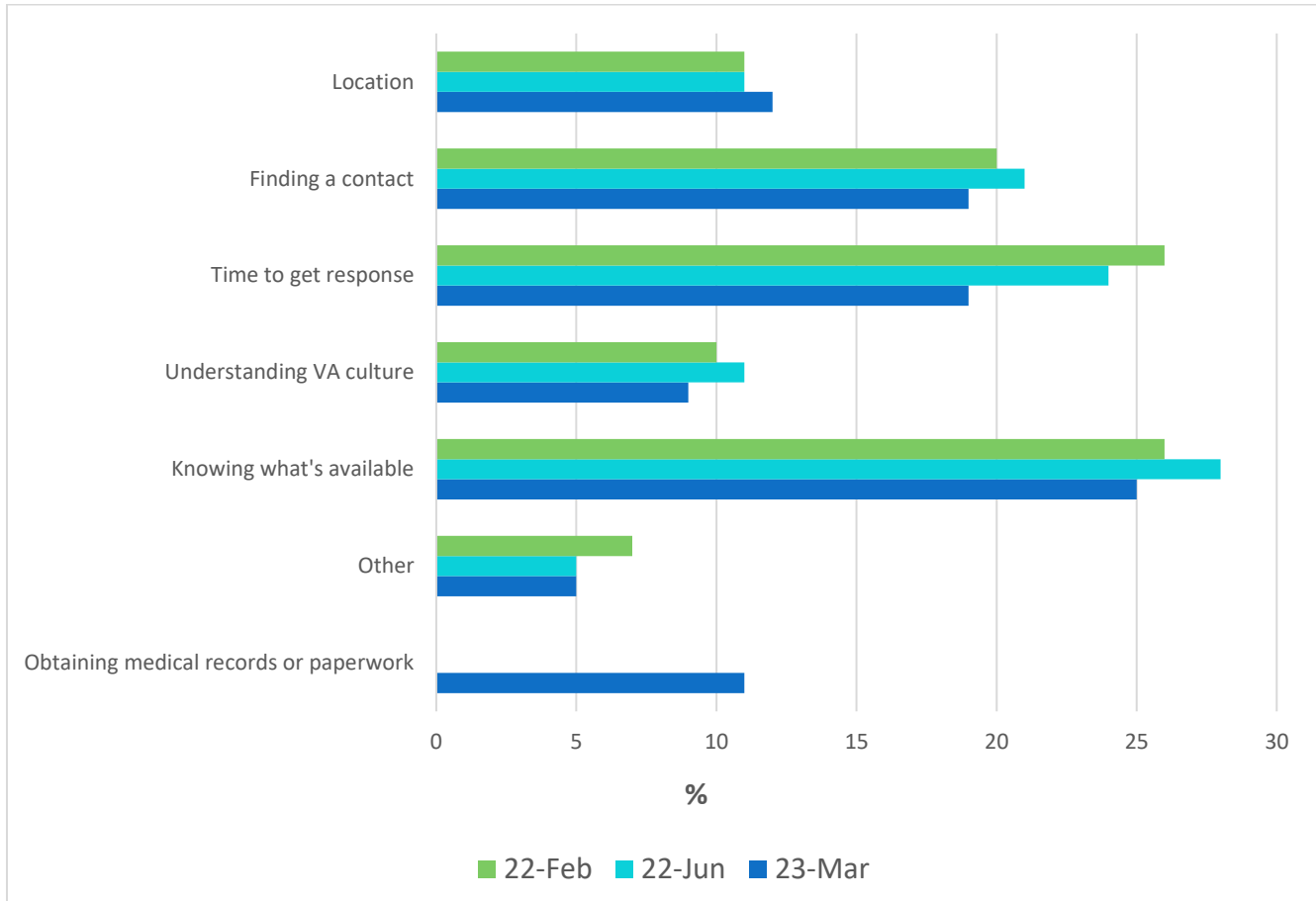


	Feb 2022		June 2022		March 2023	
Use of a VA facility – e.g., inpatient or hospice at the hospital, outpatient at a clinic	12%	53	12%	75	12%	122
Telehealth resources – care provided to a Veteran via telephone or video	18%	78	17%	105	13%	134
Educational resources – information for providers, veterans, or families about a condition or issue they are facing	24%	101	24%	144	18%	194
Benefit eligibility information	19%	80	21%	124	18%	192
I don't know what is available	3%	11	3%	18	2%	19
Other resource	2%	8	1%	6	>0%	5
VA provided caregiver/respice support	22%	91	22%	133	20%	215
VA case management support - what case management includes, how it interacts with hospice, responsibilities of hospice providers for care coordination		n/a		n/a	17%	174
Total Responses		422		605		1055

Other resource:

- Resources for family members.
- Contract with our hospice houses.
- VA provided caregiver/respice support, Benefit eligibility information, and use of a VA hospice beds were most common needs expressed by our staff.
- Quicker response and better follow through.
- More contact with partners to share resources.

14. What is the biggest barrier to accessing the VA and VA resources? Check all that apply.

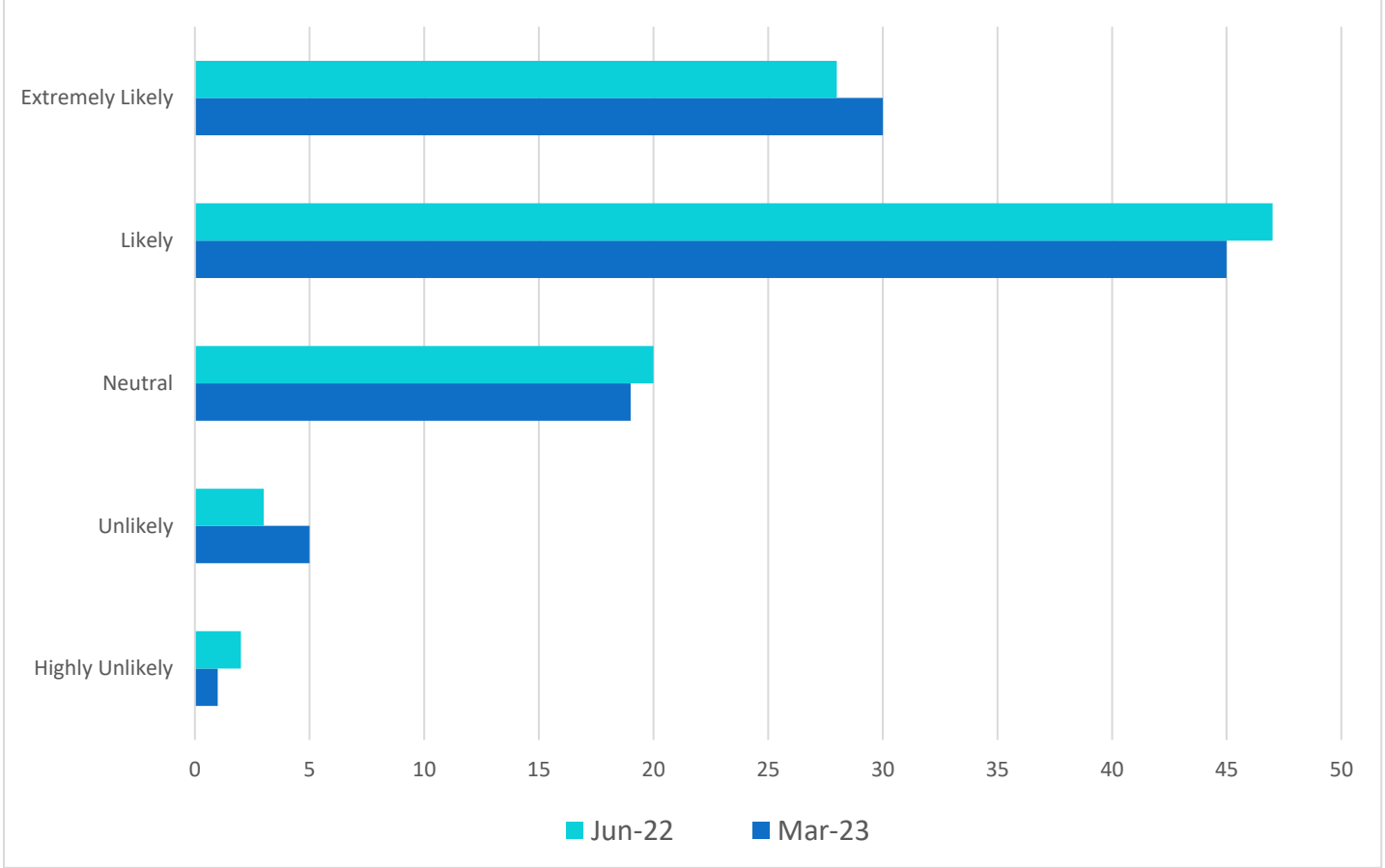


	Feb 2022		June 2022		March 2023	
	%	n	%	n	%	n
Location	11%	27	11%	41	12%	77
Finding a contact number/person	20%	51	21%	81	19%	126
Time to get a response	26%	64	24%	92	19%	127
Understanding VA culture	10%	24	11%	40	9%	61
Knowing what's available	26%	64	28%	104	25%	165
Other:	7%	18	5%	20	5%	34
Obtaining medical records or paperwork		n/a		n/a	11%	68
Total Responses		248		378		658

Other:

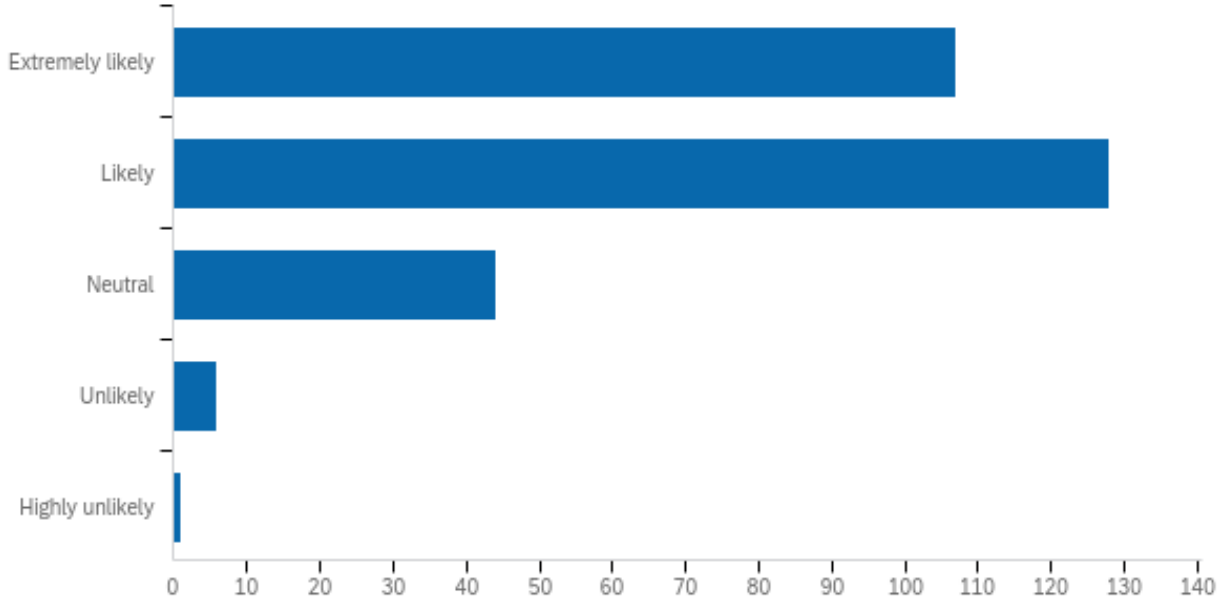
- Lack of staffing in area even if qualifications are met.
- Becoming a VA referral source for Hospice.
- Veterans' feelings about the VA, hesitancy to use the VA because of previous experiences.
- Time to access/obtain/process services: patients typically do not live long enough to benefit from services.
- Finding open beds for utilizing VA Hospice benefit.
- Wait lists for caregiver support.
- Hours and availability: need weekend support.
- Being able to connect with someone even by telephone: no one answers or returns phone calls.
- Time it takes to get services initiated or ability of the VA to fulfil the Benefit (eligible for respite, but no caregivers available or eligible for nursing home care and no beds available).
- Bureaucracy
- Processing Aid and Attendance
- Staff turnover

15. If there was a VA telepalliative telemental staff you could readily access for care of Veterans in their home, how likely would you be to contact them?



	June 2022		March 2023	
Extremely Likely	28%	51	30%	87
Likely	47%	86	45%	130
Neutral	20%	37	19%	53
Unlikely	3%	6	5%	14
Highly Unlikely	2%	3	1%	2
Total Responses		183		286

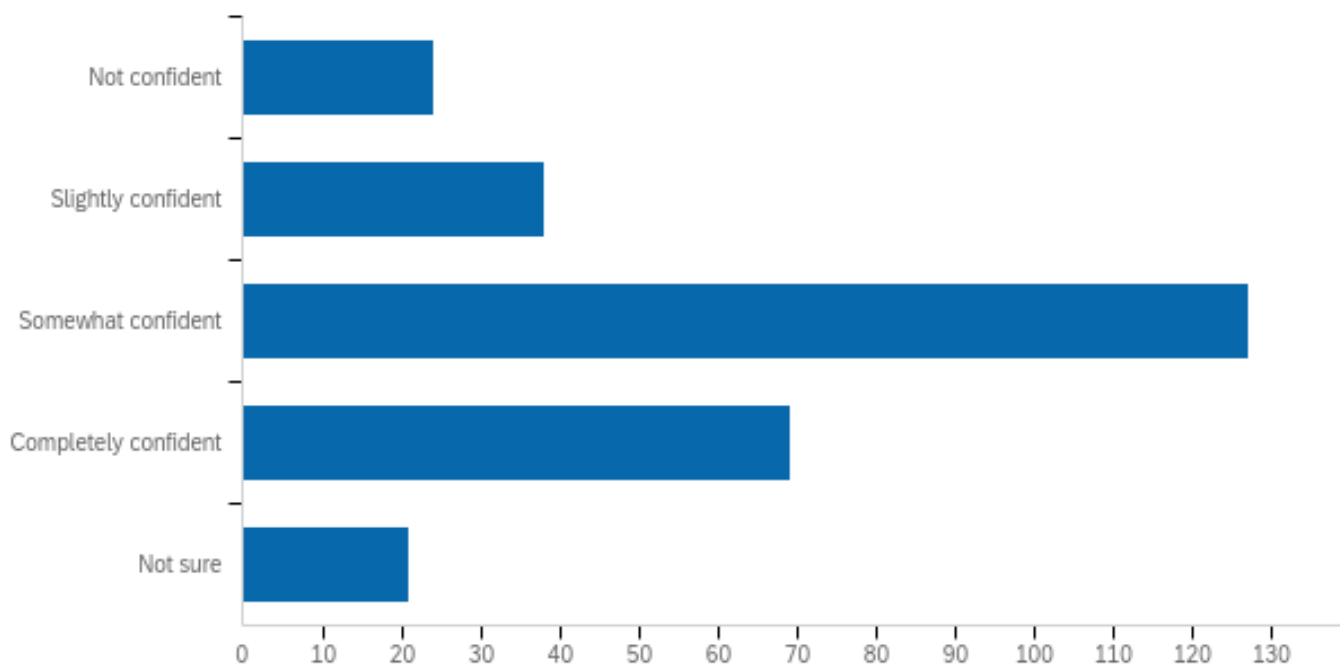
16. More information, training, and resources will continue to become available to providers regarding PACT Act benefits for Veterans with toxic exposures. How likely would you be to participate in these offerings?



	%	Count
Extremely likely	38%	107
Likely	45%	128
Neutral	15%	44
Unlikely	2%	6
Highly unlikely	0%	1
Total Responses		286

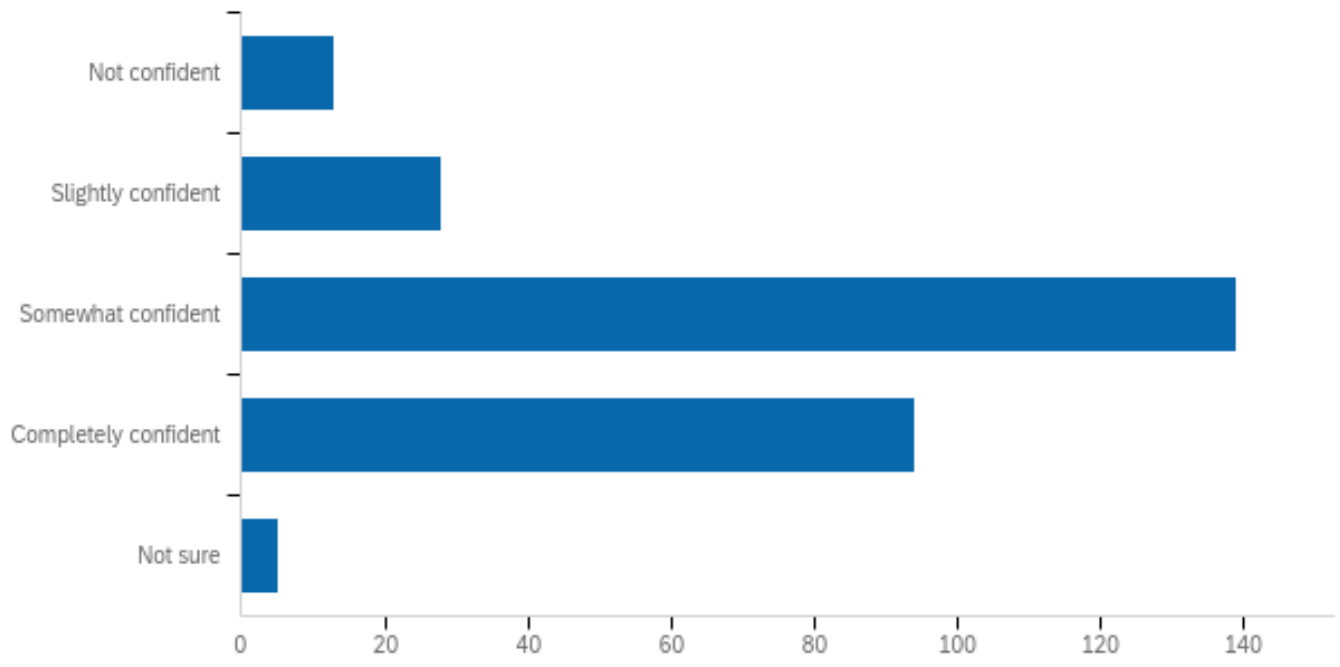
Please rate your level of confidence in providing the following elements of trauma-informed care (TIC):

17. Recognition - use of screening tools or a brief structured interview to assess for trauma history.



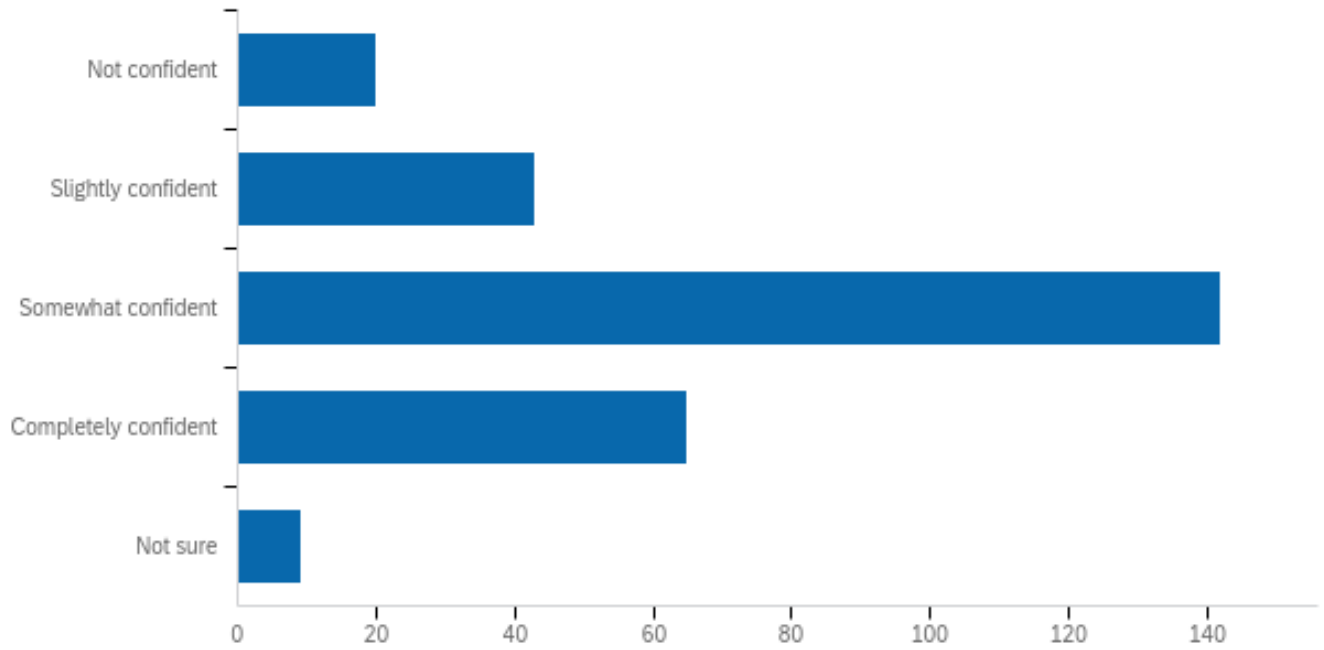
	%	Count
Not confident	9%	24
Slightly confident	14%	38
Somewhat confident	45%	127
Completely confident	25%	69
Not sure	7%	21
Total Responses		279

18. Realization - understanding of how trauma may affect health and health behaviors.



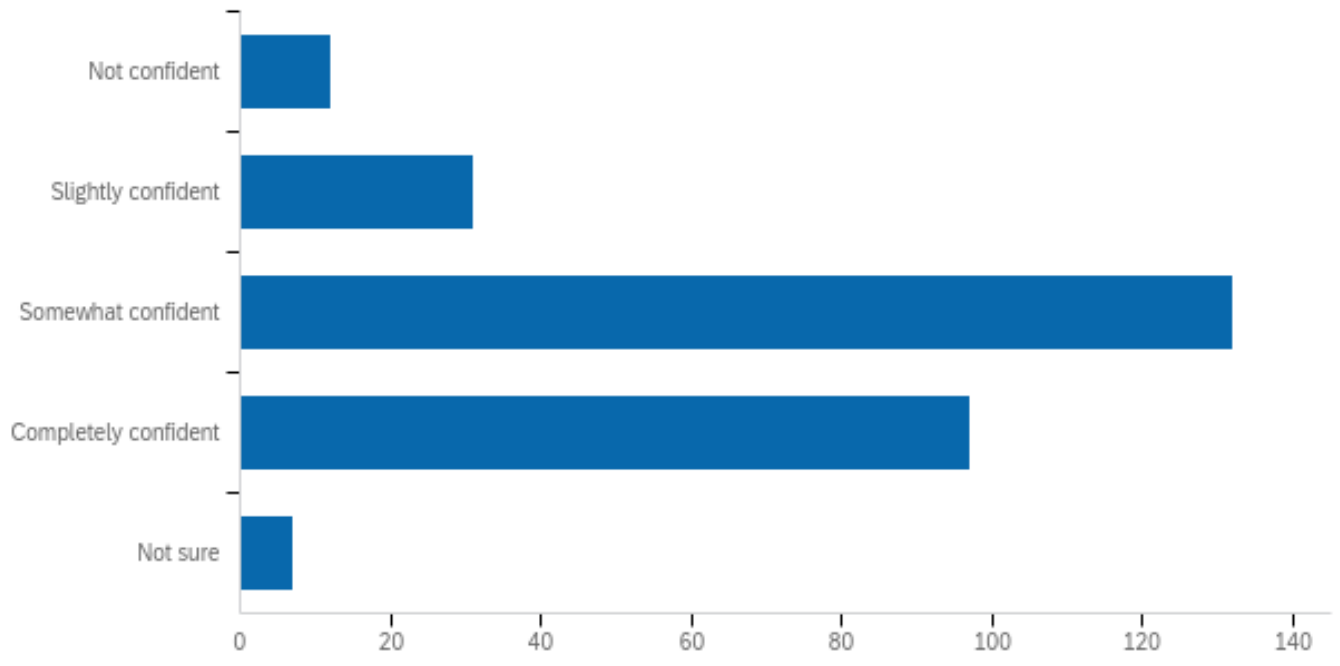
	%	Count
Not confident	4%	13
Slightly confident	10%	28
Somewhat confident	50%	139
Completely confident	34%	94
Not sure	2%	5
Total Responses		279

19. Response - knowing how to respond to trauma disclosures.



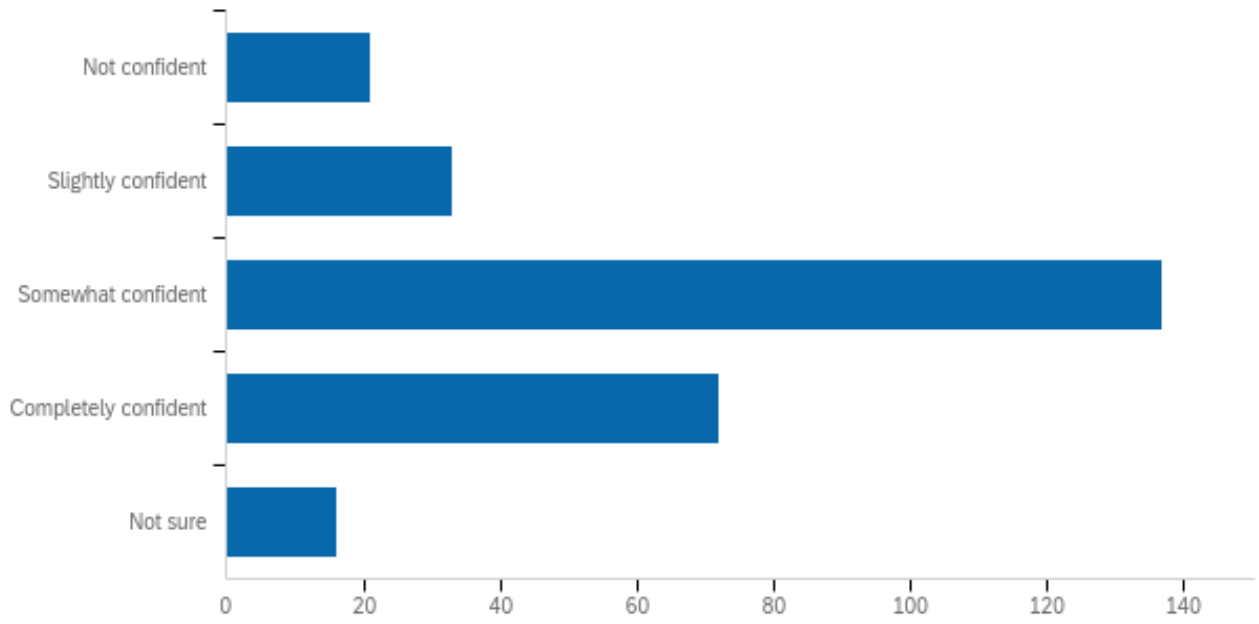
	%	Count
Not confident	7%	20
Slightly confident	16%	43
Somewhat confident	51%	142
Completely confident	23%	65
Not sure	3%	9
Total Responses		279

20. Respect - creating a safe care environment that avoids triggers and re-traumatization.



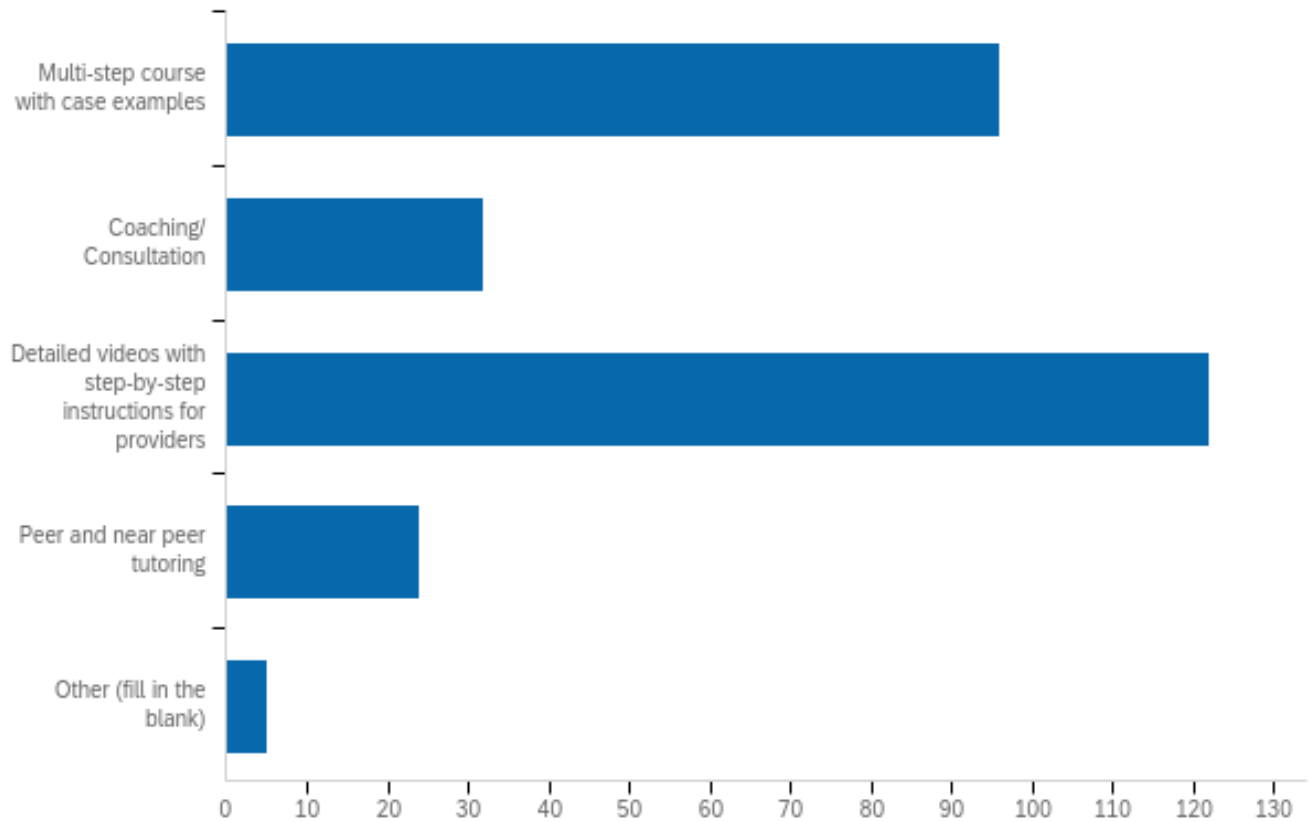
Answer	%	Count
Not confident	4%	12
Slightly confident	11%	31
Somewhat confident	47%	132
Completely confident	35%	97
Not sure	3%	7
Total Responses		279

21. Resilience - leveraging patient strengths to reduce symptoms and improve health management, and the use of referrals as needed.



Answer	%	Count
Not confident	7%	21
Slightly confident	12%	33
Somewhat confident	49%	137
Completely confident	26%	72
Not sure	6%	16
Total Responses		279

22. What learning format would be most useful in helping you to feel most effective in providing TIC?

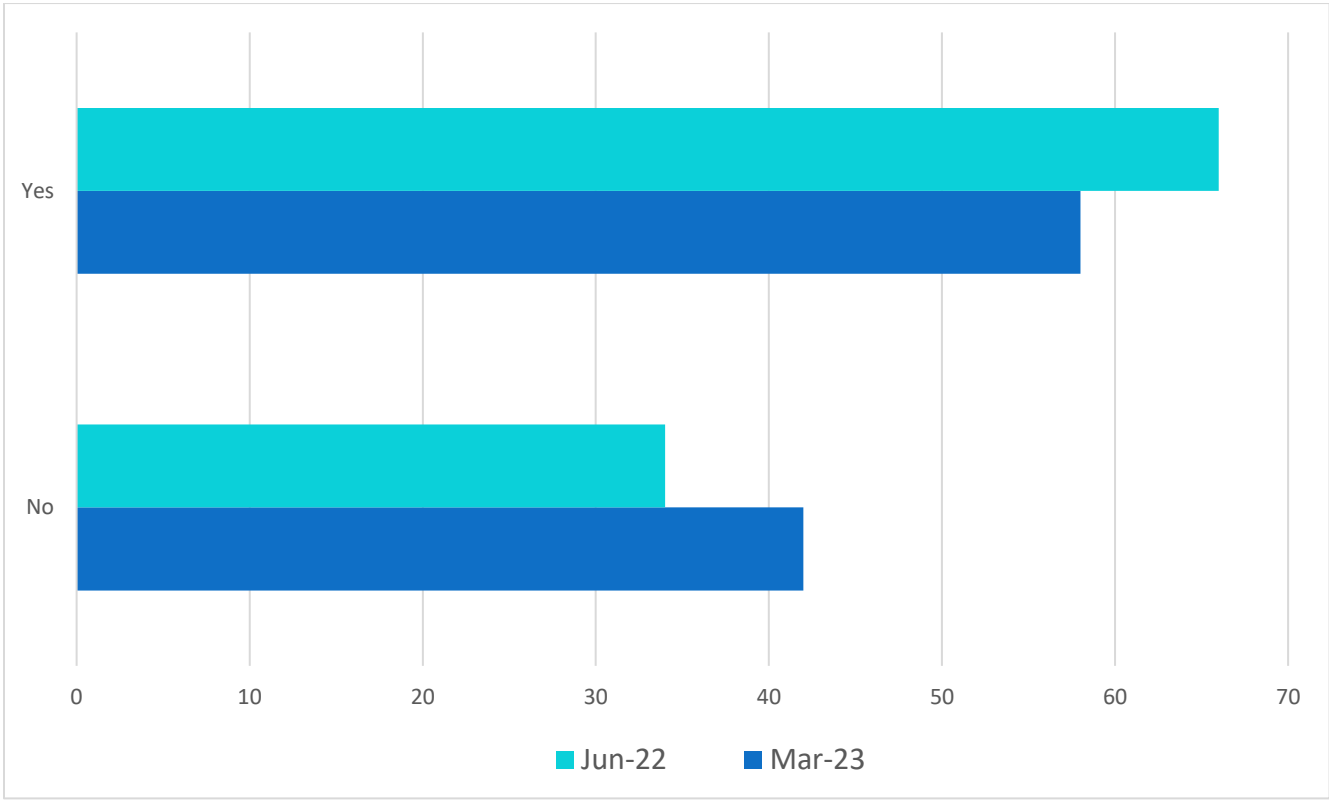


	%	Count
Multi-step course with case examples	34%	96
Coaching/Consultation	11%	32
Detailed videos with step-by-step instructions for providers	44%	122
Peer and near peer tutoring	9%	24
Other (fill in the blank)	2%	5
Total Responses		279

Other (fill in the blank):

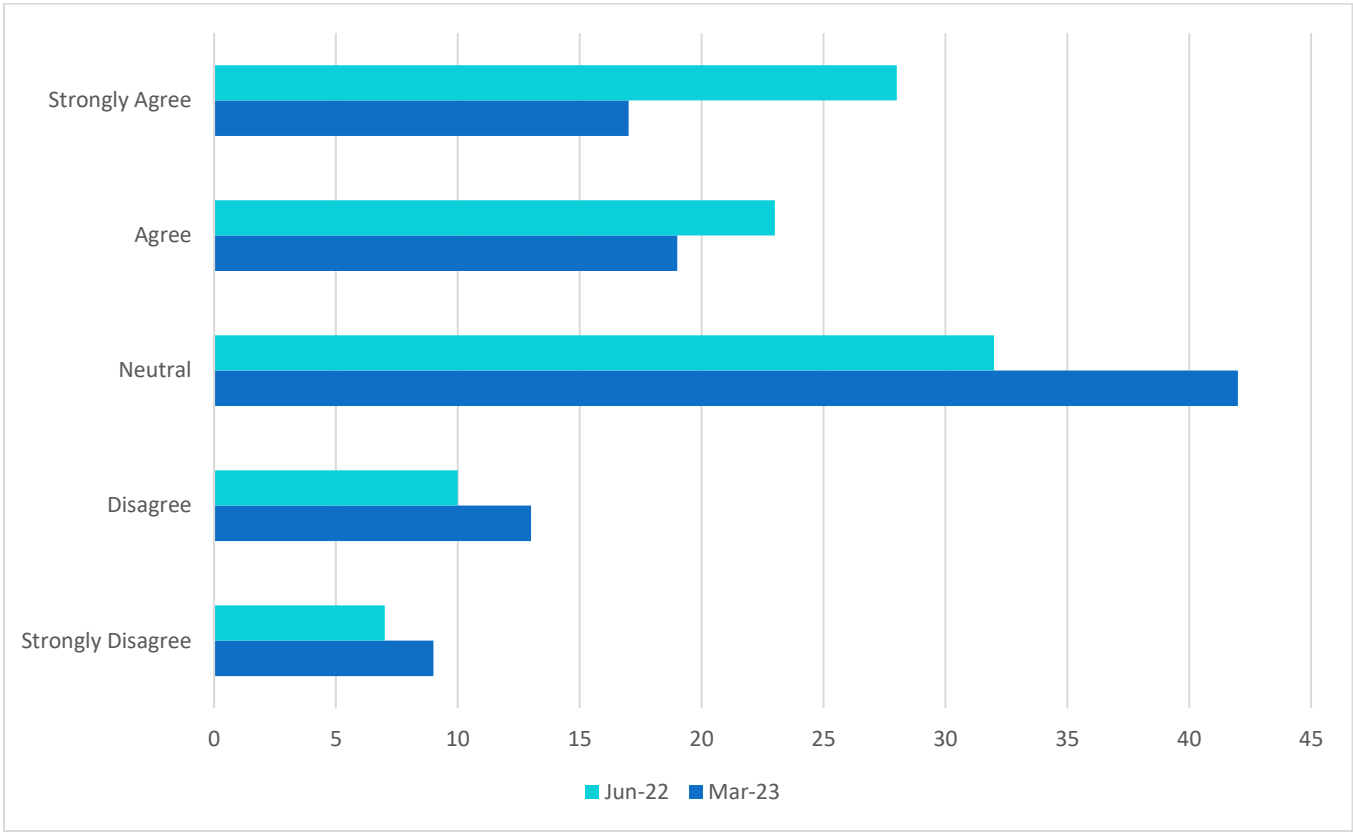
- Not sure
- I am not a clinician.
- Webinars
- Out of my medical scope.

23. I have the name and contact information of my designated HVP liaison.



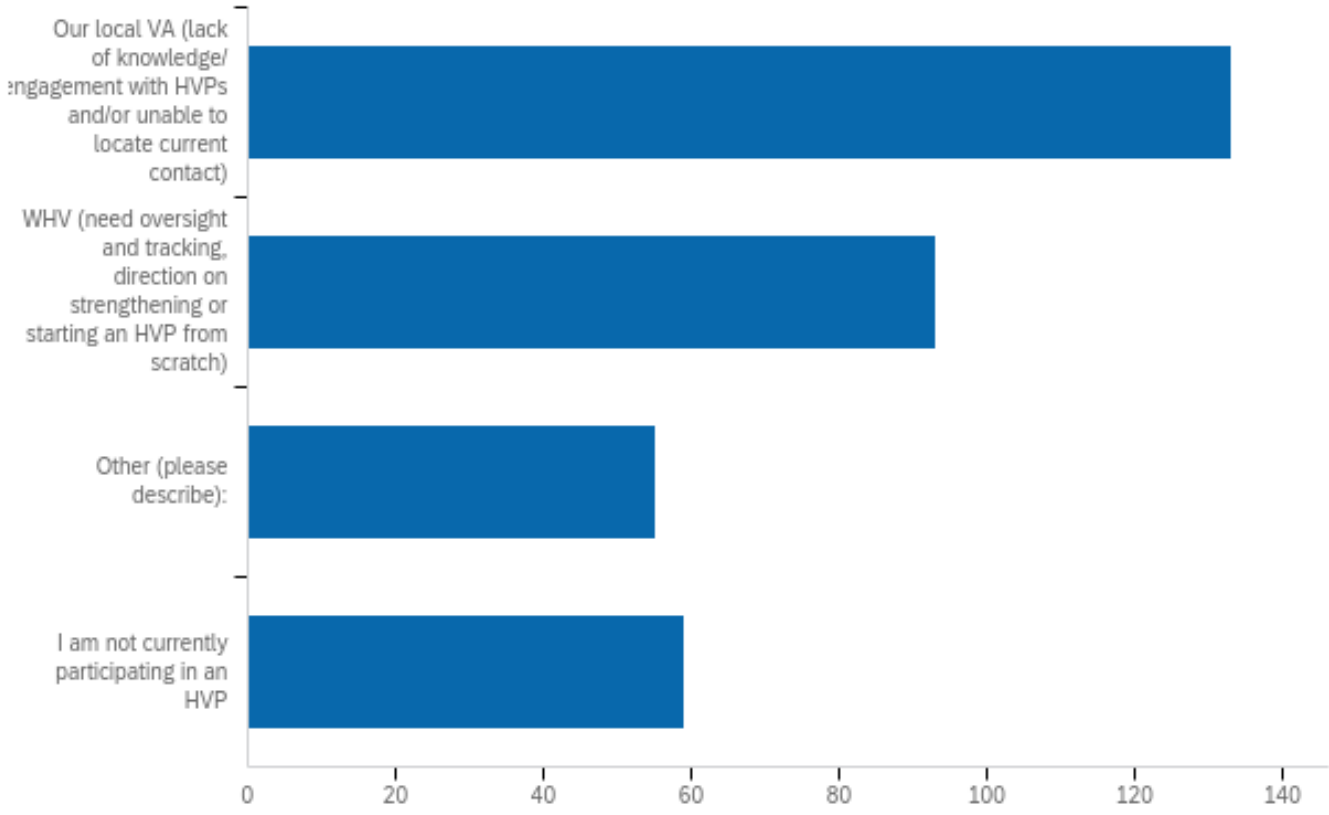
	June 2022		March 2023	
Yes	66%	122	58%	159
No	34%	63	42%	115
Total Responses		185		274

24. My HVP is very active and engaged (e.g. ongoing meetings and calls, coordinated events, frequent communications, active input and participation from all members).



	June 2022		March 2023	
	Percentage	Count	Percentage	Count
Strongly Agree	28%	44	17%	47
Agree	23%	36	19%	52
Neutral	32%	50	42%	116
Disagree	10%	16	13%	35
Strongly Disagree	7%	12	9%	24
Total Responses		158		274

25. For my HVP to be more active and engaged, we need support from (check all that apply):

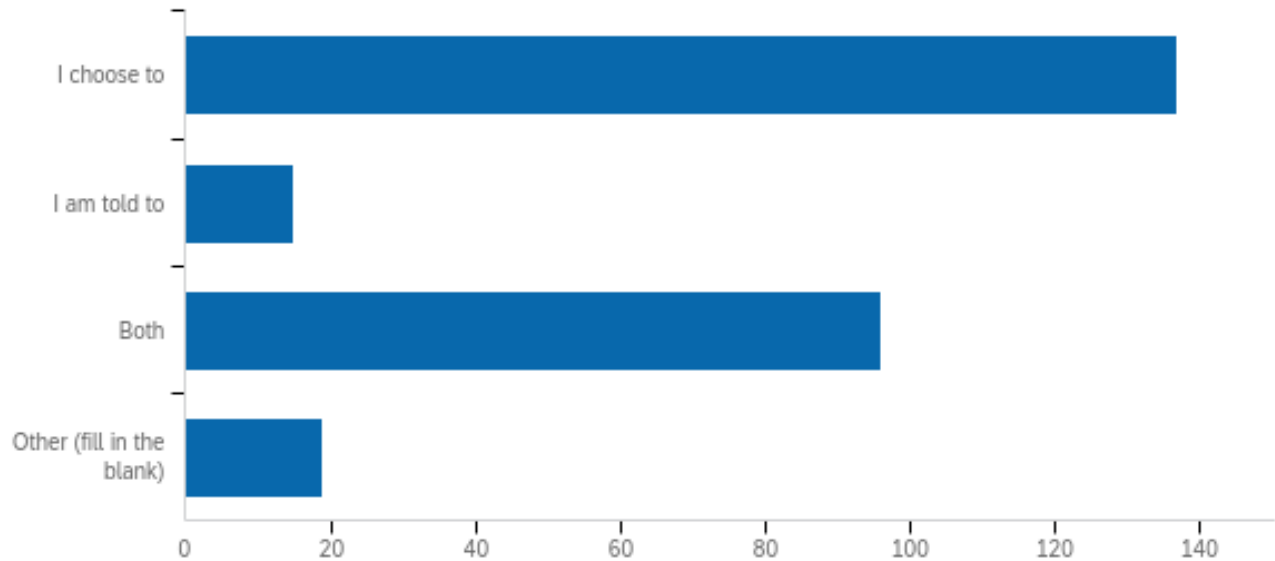


	%	Count
Our local VA (lack of knowledge/engagement with HVPs and/or unable to locate current contact)	39%	133
WHV (need oversight and tracking, direction on strengthening or starting an HVP from scratch)	27%	93
Other (please describe):	16%	55
I am not currently participating in an HVP	18%	59
Total Responses		340

Other (please describe):

- We are very active and engaged and have a strong program.
- We need to be able to meet in person; we have met via zoom since the beginning of the pandemic, and it is very hard to keep people engaged.
- Our HVP contact has disconnected and it's very hard to get responses or keep engagement going.
- The VA's reorganized since Covid and there are not as many resources or staff available.
- Distance: we wish they were closer!
- Location of HVPs.
- Staffing changes: HVP chair is no longer at their position and no one else has stepped in.
- Took over existing program so unsure of our HVP.
- Marketing tools needed: (especially email info) to area hospices including non-WHV hospices.
- Communication: I'm new and never heard back or haven't heard from in some time.
- This is hard due to the distance of our VA and turnover.
- We have experienced a reduction in the number of active hospices participating in our HVP over the last 2 years. Need more accountability/participation from local hospices.

26. The primary reason I participate in WHV is because:

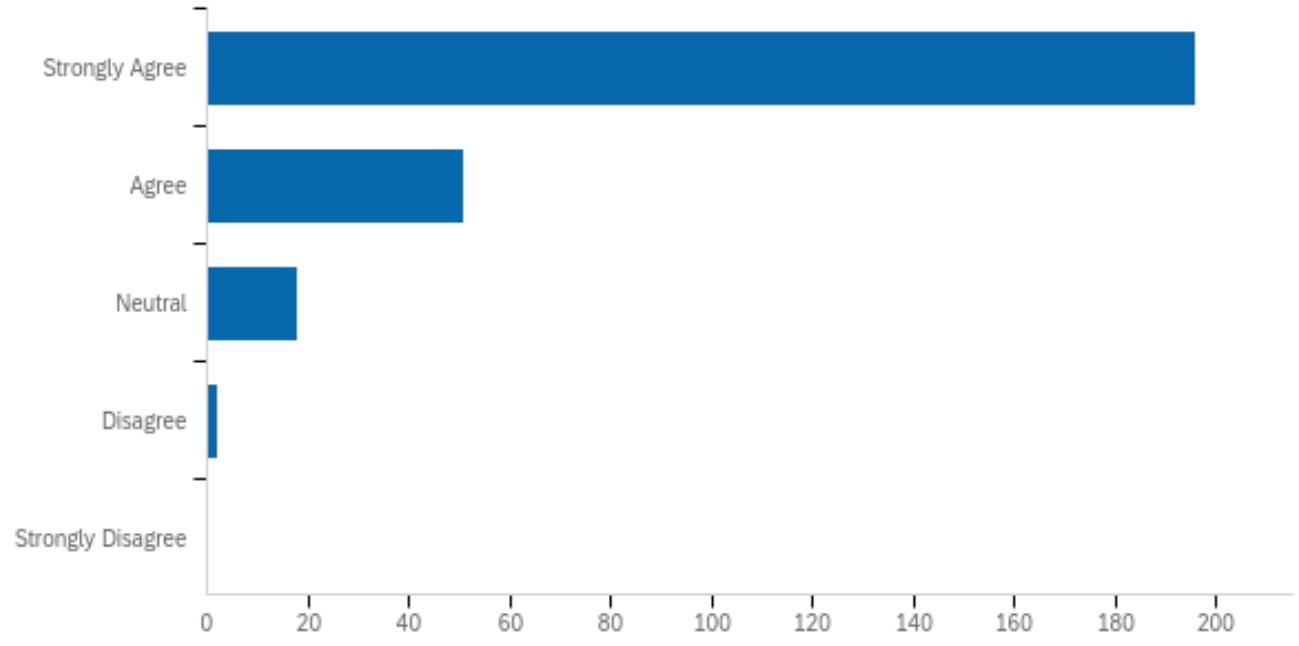


	%	Count
I choose to	51%	137
I am told to	6%	15
Both	36%	96
Other (fill in the blank)	7%	19
Total Responses		267

Other (fill in the blank):

- My organization is involved, and providing the best care for our vets is VERY important.
- To Honor and Serve our Veterans at the end-of-life.
- Veterans deserve veteran-centric care.
- To provide dignified end-of-life care to Veterans.
- As a hospice, we enjoy and prioritize honoring our Veterans! We also want to be successful in our endeavors.
- Enhances best care practices within our organization; we think it's a great program.
- It started as "both."
- I choose to & believe respecting and recognizing our veterans is a privilege and honor.
- I am a Veteran.
- Corporate-Driven.
- Culture of xxx Hospice!

27. I feel that the time I invest in the WHV program is worth it to my patients, organization, and myself.



	%	Count
Strongly Agree	73%	196
Agree	19%	51
Neutral	7%	18
Disagree	1%	2
Strongly Disagree	0%	0
Total Responses		267

28. If you could wave your magic wand, what should NHPCO, the VA, your organization's colleagues and leadership be rethinking to advance WHV and enhance care for Veterans at the end of life?

Resources:

- Information for the family members.
- Shorter and simplified training videos
- More clinical education rather than focusing on general program needs like honor/pinning ceremonies.
- Sharing of best practices from other WHV partners.
- Financial support available for struggling families.
- Other resources for community presentations.
- Any new trainings or resources as all available become repetitive for more seasoned partners.

Volunteers:

- Rethinking what vet-to-vet support looks like, how we recruit and train those veterans.
- Organize a free and easy-to-access network of Veteran volunteers to be paired with hospice organizations.

VA:

- An easier process of becoming a VA referral source.
- Caregiver support available more quickly.
- Need support from VA system with veterans who need 24 continuous care and are unable to stay at home due to not having caregiver support.
- Case management available to patients in need.
- More advertisement within the VA and County systems.
- Ease of fast-tracking benefits and streamline services for hospice patients.

Level 5:

- Requirements: eliminate some and rethink others for Level 5 partners renewing.
- Provide shorter trainings for both clinical and non-clinical staff.
- The requirements can be overwhelming, and we would welcome more flexibility where available (allow us to be more creative with events and non-education requirements).

Misc:

- Opportunities to meet in person and more regional support.
- Public awareness: more marketing and advertising of programs and partnerships.
- Event planning: this is very difficult for many reasons (budget, marketing, event space, support).
- Accountability for non-active WHV partners.
- Make global changes to the military checklist, including disability rating info, discharge characterization, and a check box for foreign military service.
- More focus on and support for rural areas.