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**We Honor Veterans Level 5 Partners Activities**.

**Educational Requirements**

| **Required Activity** | **Notes** | **Partner Activities** |
| --- | --- | --- |
| Continue to integrate Veteran-specific content into staff and volunteer orientations and ongoing trainings. | Include presentations, frequency and number of staff + volunteer participants  (VA webinars, presentations/webinars spread out throughout the year, integrate presentations into meetings). |  |
| Include PsychArmor’s “15 Things Veterans Want You To Know” in staff trainings.  <https://psycharmor.org/courses/15-things-veterans-want-you-to-know/> | Include frequency of orientation and number of staff and volunteers oriented over the last year.  \*Every staff and volunteer must complete\* |  |
| Have a VA Accredited Agent on staff and/or relationship with Veteran Service Officer, have updated VA Fact Sheet available  <https://www.wehonorveterans.org/resource-library/va-fact-sheet-for-hospice-partners/> | If you do not have an Accredited Agent on staff, please describe relationship with VSO.  \*Please see FAQ for more information\* |  |
| Vietnam Veterans-focused training  All staff are required to watch all 3 specific VA Vietnam Veteran Trainings webinars.   1. [Posttraumatic Stress Disorder in Vietnam Veterans](https://www.wehonorveterans.org/resource-library/community-hospices-posttraumatic-stress-disorder-in-vietnam-veterans/) 2. [Suicide Prevention in Vietnam Veterans](https://www.wehonorveterans.org/resource-library/suicide-prevention-in-vietnam-veterans-webinar/) 3. [Moral Injury in Vietnam Veterans](https://www.wehonorveterans.org/resource-library/moral-injury-in-vietnam-veterans-webinar/) | Describe resources and trainings used specifically for the care of Vietnam Veterans. Please include details on or attach any resources you use.  Please track the 3 specific trainings in the excel workbook under the sheet labeled “Vietnam Veterans” |  |
| Include Veteran Certificates & Pinning Ceremony Procedure into staff and volunteer orientation as well as Welcome Home Ceremony for Vietnam Veterans (yellow, red and green beads). Have the Vietnam Veteran beads made available. | Describe any pinning and recognition ceremonies including number of Veterans pinned.  Please see the FAQ for further instructions on the beads. |  |
| In collaboration with your HVP, conduct at least 3 community educational presentations including a panel discussion. | Describe community events, including participants. Include recognition/celebrations to an invisible population (local homeless shelter), or other space for Veterans to gather (ex: “Lunch & Learn”). |  |
| Vet-to-Vet Cafes <https://www.wehonorveterans.org/resource-library/veteran-to-veteran-cafe-planning-tool/> | Hold Vet-to-Vet Cafes at least quarterly, include details on activities and stories of participation.  If your calendar does not allow for quarterly Cafes, you can distribute throughout the year. You must complete at least 4, per year.  These Vet-to-Vet Cafes can also be a social gathering not including coffee. |  |
| Review [NHPCO Standards of Practice for Hospice Programs (2019)](https://www.wehonorveterans.org/resource-library/veteran-related-standards-of-practice/) | Review with staff and volunteers on an ongoing schedule. Encouraged Quarterly. As well, comment on what you’ve learned.  Include number of staff that view the Standards of Practice. |  |

**Veteran-to-Veteran Volunteer Program**

| **Required Activity** | **Notes** | **Partner Activities** |
| --- | --- | --- |
| Hospice must have Vet-to-Vet Volunteers | Include number of volunteers, orientation process, and activities |  |

**Care Planning Guide for Veterans**

| **Required Activity** | **Notes** | **Partner Activities** |
| --- | --- | --- |
| Implement Veteran-specific tool or procedures in initial assessment | View the care planning guide for Veterans to further educate staff and develop care plan (template attached, adjust as needed); include pre-education and education of concepts within process.  It can be found attached.  Include a paragraph of what you learned in the partner activities section. Also include the following information.   * How many patients are you using the plan of care with? (must be completed with every Veteran) \*Especially for your Vietnam and Combat Veterans\* * If applicable include anything else that comes up under “other patient specific” |  |

**Data Collection \*** For all numbers within the activities were asking please provide it through this spreadsheet. Please feel free to add additional data if you feel necessary. \*Please do not send patient names as it is violation of HIPAA regulations\*

| **Required Activity** | **Notes** | **Partner Activities** |
| --- | --- | --- |
| Summary Report on data collected will be turned in at the end of the year | Include (at a minimum) the following:   * + Number of Veterans Served During Timeframe   + Period of Service Breakdown   + Number Enrolled in VA prior to admission   + Number Receiving VA Benefits at time of admission   + Number who requested and assisted enrolling in benefits at time of admission   + Who refuse or declined VBA benefits   Vietnam Veterans (excel sheet 4)   * + How many Vietnam Veterans have been treated for the following? (Moral Injury, PTSD, Suicide Prevention) | Please collect all data in the excel workbook provided |

**Commitment to Being a Regional WHV Mentor**

| **Required Activity** | **Notes** | **Partner Activities** |
| --- | --- | --- |
| Partners will be listed as a mentor on the WHV website/Partnership Directory | Include information (email) of organizational contact, listing on directory will also include start & end date of Level 5. If you’re already a completed level 5 partner, please include the following:   1. How many partners reached out to you? 2. Have you noticed any common themes or frequently asked questions? |  |

**Annual Report**

| **Required Activity** | **Notes** | **Partner Activities** |
| --- | --- | --- |
| Summary of previous year’s activities (communications included) | Provide highlights from previous year’s activities, this is the time to brag about anything extraordinary or out-of-the-box that your program did as a Level 5 Partner. Please include as many visuals as possible as well as written release for any photos that NHPCO can include in their materials. | The Annual report must be submitted in a PDF or Word Format following the Annual Report template provided. You can use version 1 or 2 and customize the questions and outline. |

**Community/State-wide Events**

| **Required Activity** | **Notes** | **Partner Activities** |
| --- | --- | --- |
| Two events per year | Should be collaborative events (HVP), **must** also include an event/ceremony for Welcome Home Vietnam Veterans Day. Also include details on WHVV event (pictures, stories, marketing materials, etc.). |  |