

## Military/Veteran Resource Network Application

<b>Submission Date</b>	2013-12-30 13:00:17
<b>Organization Name</b>	TMC Hospice/Peppi's House
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<b>What sector is your organization part of?</b>	Community
<b>Type of Organization (check all that apply)</b>	Healthcare Provider / Community Health
<b>Organization Mission and/or Charter:</b>	<p>Our Mission at TMC Hospice is to provide compassion, dignity and gratitude to the Veterans who enter our hospice program. We would like to provide care to veterans earlier in their disease process and have the veteran/family understand the benefits of hospice care. Simple acts of gratitude at the end of life can provide a final opportunity for veterans to know that their service was not in vain and that they are appreciated. As we say at TMC hospice " It's never too late to say Thank You". TMC hospice provides care for more than 250 U.S. Veterans each year. We provide on-going veteran specific education to all staff and volunteers. As we have learned veterans have unique medical and spiritual challenges. Helping our veterans heal , and understanding the unique needs of veterans and their families, learning how to accompany and guide the veteran through their life stories toward a more peaceful ending. An average of 1600 veterans die each day how are we going to make an impact on the lives we touch and provide the necessary end -of -life care that each and every veteran deserves!</p>
<b>Brief background of organization (year established, etc.):</b>	<p>TMC hospice was established in 1991. It is a department within Tucson Medical Center, Southern Arizona's only community nonprofit hospital. We have a single office where the goal is to provide the highest quality of care to each person that enters our program. We are medicare certified ( we follow strict Medicare guidelines when admitting a patient). Our medical director is full time and makes home visits. Our service area is all of Tucson, Vail, Oro Valley, Saddlebrooke, Marana and Benson. We have a 16 bed In-patient unit ( Peppi's House). This unit is designed for symptom management and respite care. 85-90% of our patients are at home= Home hospice</p>

	<p>Home hospice is anywhere the patient lives ( nursing home, Adult care home, skilled nursing facility etc)</p> <p>We are proud of our reputation in the community as one of the top notch hospice providers in the community. We have a contract with the VA as it does not provide home hospice to its veterans. The VA has an 18 bed in-patient unit for veterans and provides excellent end of life care for our veterans.</p> <p>When we look at the 625,000 veterans living in Arizona it is important to realize the VA has to partner with other community providers for hospice care and other services.</p>
<p><b>What area of the state do you serve?</b></p>	<p>Regional within Arizona</p>
<p><b>County/Counties:</b></p>	<p>Cochise Pima</p>
<p><b>City/Local Area:</b></p>	<p>Tucson and Benson</p>
<p><b>Programs, resources, services, etc.:</b></p>	<p>Complementary therapies to include massage therapy, pet therapy, music therapy</p> <p>24/7 on call RN's available to answer questions or to make home visits</p> <p>RN home visits twice a week- more frequently depending on the patient's status</p> <p>Emergency funds for families</p> <p>Facilitated support groups, including one in Benson</p> <p>We Honor Veterans campaign</p> <p>Quarterly Celebration of Life ceremonies for families and staff</p> <p>Community outreach and education</p> <p>Pediatric Hospice ( children)- with a dedicated pediatric staff for home care and in-patient services</p> <p>Biannual pediatric memorial event</p>
<p><b>Eligibility guidelines for programs, resources and/or services:</b></p>	<p>Hospice and Palliative Care are part of the VA standard benefits package, all enrolled and honorably discharged veterans are eligible if they meet the following criteria:</p> <ol style="list-style-type: none"> <li>1) A physician order for TMC Hospice to evaluate the patient.</li> <li>2) A patient with a life limiting diagnosis and a life expectancy of 6 months or less.</li> <li>3) A patient who is not receiving curative treatment for the terminal illness= the patient/family would like comfort care ONLY</li> <li>4) The patient's physician is willing to certify that the patient is terminally ill.</li> </ol>

5) Determine which physician would like to follow the patient while on hospice services ( our medical director can follow if the primary physician prefers)

6) The patient lives in our service area- All of Tucson, Oro Valley, Saddlebrooke, Vail, Marana and BENSON.

**Description of target audience:**

Any patient who has a life limiting diagnosis with a life expectancy of 6 months or less. With an age range of 0-100.

**Cost for programs or services to service members, veterans and/or family members (or funding sources if no cost to individuals and families):**

Hospice services are covered by the VA at no cost to the Veteran. There are NO co-pays for hospice and Palliative care, whether the services are provided by the VA or an organization with a VA contract. If the veteran has Medicare part A hospice is also covered at 100%. The veteran may choose which payer source he/she prefers Medicare or VA.

**Regulatory body that has oversight over organization and/or industry (if applicable):**

TMC Hospice is regulated by CMS.( Center for Medicare and Medicaid Services)

**Our organization understands and agrees to the following Guiding Principles:**

1. Military service often fosters resilience and strength in service members, veterans and family members.
2. Military service impacts the individual and the family. A "military family" can include a service member or veteran, their spouse/significant other and children, as well as parents, siblings, extended family and friends.
3. The military is a distinct culture. While service members, veterans and their families experience the same life circumstances and events as civilians, both positive and negative, they also have a unique set of life experiences relating to service, deployment and reintegration that are distinct from civilian life.
4. As a community, we are committed to providing the best care and support to all those who serve. Since changes in military status affect eligibility for programs, resources and benefits, we seek to build a continuum of care that addresses the needs of the entire military, veteran and family population.
5. No one organization can meet all needs for the entire military and veteran population. Stronger collaboration between military, government and community partners supports service members, veterans and their families in connecting to the right program, resource and/or benefit at the right time. Organizations should also focus on collaboration to maximize available resources and minimize duplication of effort.
6. There should be no wrong door to which a service member, veteran or family member goes to for help. Each individual and organization should have at least the basic knowledge on the military/veteran systems of care to assist in connecting that individual or family to a more appropriate resource so that no one is turned away.
7. As a network of individuals and organizations who provide care and support to the military and veteran population, our goal is to assist service members, veterans and family members in being informed consumers who are empowered to make decisions to access those programs, resources & benefits that will meet their needs.
8. Every service member, veteran and family member has an individual experience and perspective which should be acknowledged and incorporated into the provision of care

and support.

**Our organization understands and agrees to the following Ethical Considerations:**

1. The interest of the service member, veteran and family member should come first, above the interest of the provider or organization, financial or otherwise.
2. Any potential conflicts of interest should be disclosed up front.
4. Organizations should only offer programs, services and resources that they are equipped or trained to deliver. Outreach and engagement of the military and veteran population should be within the scope of the role and function of the individual (training & experience) and the organization (policies, practices, procedures).
5. Organizations that outreach to the military/veteran population have an obligation to equip their personnel and organizations with the training necessary to understand: a) the unique aspects of the military experience b) the issues affecting these individuals and their families and c) the specific military/government programs and benefits available to this population. Organizations should consult with subject matter experts when necessary.
6. Outreach and messaging to the military and veteran population should be truthful, not misleading nor designed to incite fear, should always accurately and appropriately cite sources and present information in context.
7. Organizations should be cautious about promising outcomes. Information should clearly state if a program or service is evidence-based or independently documented to be effective. Statements about the effectiveness of programs or services should include information on success rates and the documented source of this information.
8. Coordination of care and follow up is essential when service members, veterans and family members are accessing multiple systems of care. Partners need to be actively engaging with other providers and systems as appropriate, while still respecting the confidentiality of the individual or family.

**How our organization CONNECTS to the culture:**

TMC Hospice connects to the military culture by being focused on respectful inquiry, compassionate listening and grateful acknowledgement. By recognizing the unique needs of American's Veterans and their families, community providers, in partnership with VA staff, will learn how to accompany and guide the veteran through their life stories toward a more peaceful ending.

We have joined with many other hospice around the country to empower our staff to meet the needs of dying veterans. We comfort veterans/families and help with possible physical and psychological trauma. We offer veterans the opportunity to tell their stories and respect their feelings of guilt, shame, and offer ways to help them heal. We are always supportive and non-judgmental and always validate the veterans feelings and concerns.

We understand we have to earn the veterans trust and therefore offer a veteran- centric care model when providing veteran to veteran volunteers, understand there is a common language among veterans, codes of conduct, and try to match volunteers based on similar experiences, and backgrounds.

We ask every person who enters our program if they have

ever served in the military and honor their wishes to either be presented with a " Thank You" or depending on their experience have no judgement if they refuse our presentation. We realize every veteran has their own personal experience and this varies depending on which war era they were in. This is also important to the hospice care providers as we learn what weather elements the veteran might have endured therefore causing symptoms at end of life. ( for instance frostbite and peripheral neuropathy at end of life and what medications the hospice provider uses to help with this symptom) or was this veteran a POW ( do we need to put the mattress on the floor, do we need to approach the veteran and speak their name before touching them. From the type of medication we would use for anxiety for a non-veteran VS a veteran. We are continually educating the staff and volunteers as we learn what works best in different situations.

We understand that at the end of life we have the opportunity and responsibility to address potential stressors related to their military experience. We will then ask ourselves: Do Veterans in hospice care, who tell their military services stories, express improved satisfaction at the end of life? Do the family and primary caregivers of these Veterans perceive that the patient's had better quality of life and more satisfaction after telling their stories and that healing has occurred.

**How our organization ASKS the right questions at the right time:**

Our organization is consistently asking questions to the Veteran and the family members. Once we have built the trust and are in the patient's home weekly there is a rapport that connects the hospice team throughout the Veterans time on hospice. We become a second family to not only the patient but the family. We have built a great network of resources in the community as no one organization can provide everything to each patient.

**How our organization RESPONDS effectively:**

Our organization is a part of the continuity of care model to ensure that every Veteran receives the proper end of life care that the Veteran deserves. Our approach is one of education to our service providers and community members. There are still misconceptions about hospice care. Hospice is such a wonderful benefit that is so underutilized. Hospice should be a topic of conversation at every level of care once the patient is diagnosed with a terminal diagnosis. Just offering information to the patient so once the patient/family have determined that aggressive treatment is no longer beneficial they have the knowledge, and understanding and benefits of hospice services. Hospice is not a bad word!! It saddens me to see patient's on service for days, hours or minutes when hospice services could of been initiated days, weeks or months before. It is hard to built a bond, trust, rapport in days, hours or minutes. The family is the one who benefits once the patient has passed. Hospice follows up with family members for 13 months after the loved one has passed away.

Just as Health Care Directives need to be addressed at the physician office/hospital. What are the patient's wishes once he/she is unable to speak for themselves? Does the Veteran have a Health Care Power of Attorney/ Living Will/

Allow a Natural death or Full Code?

We encourage accountability to the Veteran as we ask what their goals of care are. We are a backup support system and encourage the Veteran and family members to be in charge of care and make decisions based on goals of care. We are continually offering education to the Veteran and family members but make them accountable for the outcomes. We work very closely with the VA and other community organizations to coordinate the proper care for the Veterans on our service. As we continue to educate the community on the benefits of hospice care we encourage feedback from our families, community partners as we only hope to improve the end of life care needs for Veterans in the community.

**How our organization ENGAGES :**

TMC Hospice continuously strives to improve education to our community partners. We engage in many VA sponsored events throughout the year, actively participate in the " We Honor Veterans" campaign recognized as a Level 3 partner. Attend Hospice Veterans Partnership meetings to increase access and improve quality of care for Veterans. Improve quality by measuring the impact of VA and community interventions, asking about military history and knowing what to do with the answers. TMC Hospice networks with other hospice agencies across the country to learn best practice models. We do Veteran specific outreach presentations to different organizations in the community ( DAV, VFW, Rally Point, La Frontera, etc). We have recently joined forces with the Arizona Coalition for Military Families, Military/Veteran Resource Network to be Resource training Navigators to help connect service members, veterans & families to the right resource at the right time.

TMC Hospice actively recruits active duty service members/retirees to help with our " Last salute at bedside" or "It's never too late to say Thank You" honoring ceremonies we do on a daily basis. We offer a plaque with the service members name, dates of service, rank and branch of service with a saying of gratitude for their service to our country. A lapel pin with the American Flag and branch of service. And a patriotic pillow case or quilt.

We attend the retired activities office meeting on Davis Monthan Air Force Base to let the base commanders/ and different departments within the base know about our services for their service members.

In 2013 we offered an open house to DM service members, all branches of the recruitment offices, retired activities offices staff at our In-patient unit ( Peppi's House) to show them how our program in run and to see if they might want to participate in the honoring ceremonies.

We have received many wonderful active duty/retirees to help with our program and will continue to build relationships with the different organizations in the community.