



Background

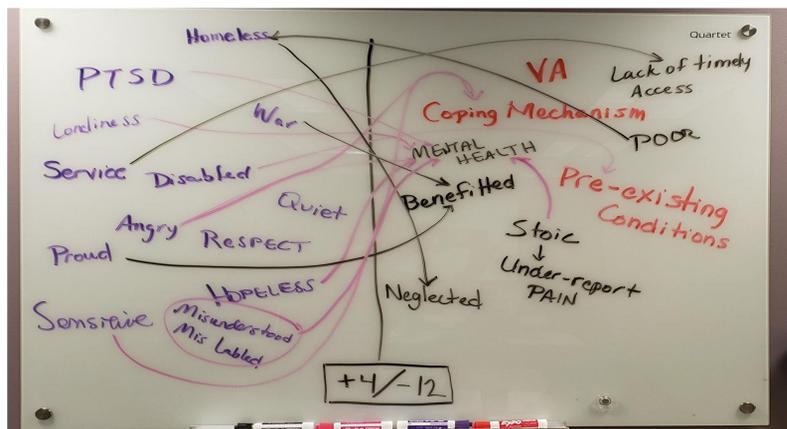
- ★ Healthcare professionals rarely trained in military cultural competence
- ★ Gap: Hospice staff felt unprepared to address the unique needs of Veterans and their families needs during end of life care
- ★ Veteran identity is unique
- ★ > 65% of Veterans seek health care in the community
- ★ Veterans are our peers, our patients, our visitors and in our families

Purpose

To incorporate military cultural competence into staff skill sets to care for the Veterans who seek care within community facilities

Methods

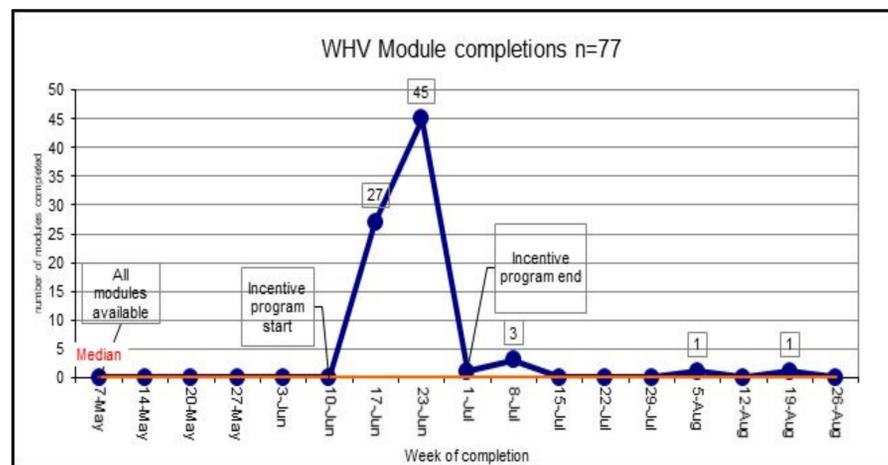
- ★ Used **We Honor Veterans** program for tools to address culturally competent health care needs of Veterans
- ★ Public health tools used to share program vision
- ★ Grant funding to support pilot
- ★ Tailored learning modules to cover material
- ★ >15 education events over the year
- ★ All staff made part of the 'in' group with identification pins



Bias exploration exercise with nurses-
 L) About Veterans and R) Veterans health;
 Similarities? Positive sentiments? How does bias inform care?

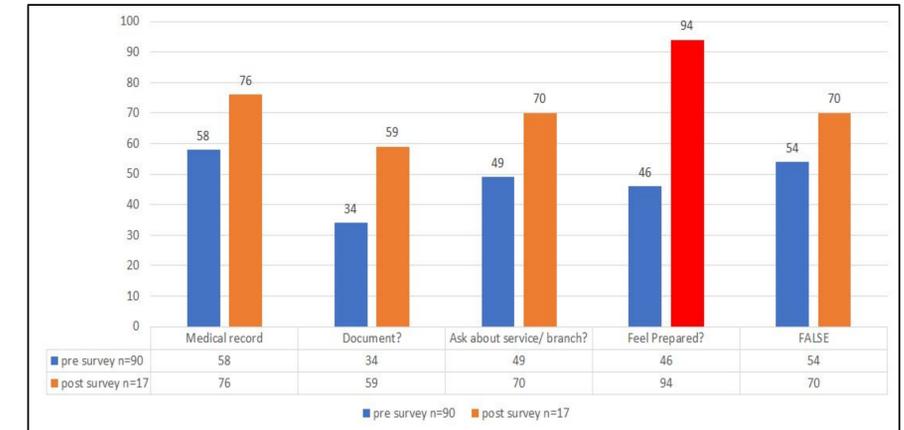
Timeline and Interventions

- ★ Over one year October 2018-October 2019
- ★ Earned 3 out of 5 WHV stars of national recognition
- ★ Voluntary events
- ★ Online format preferred for some
- ★ Incentives used to engage all staff in learning
- ★ Participation in house and community settings



The impact of an incentive to engage staff in electronic learning modules

Local Result



Conclusion

- ★ Planning and implementation in partnership
- ★ Excitement through experiences, planned fun!
- ★ Culture change = working for common understanding
- ★ Administrative support + 0.1 FTE staff for WHV
- ★ Tell the stories to make connections
- ★ Full integration = culture change

Resources and References

- Evidence-based public resources include
- Website: va.gov, VHA Train programs
 - Partners at local VA hospitals and in community
 - VSO (Veteran Service Organizations)
 - National Hospice and Palliative Care Organization (NHPCO)
 - Current peer reviewed literature

We Honor Veterans website (n.d.) <https://www.wehonorveterans.org/>

Johnson, B. S., Boudiab, L. D., Freundl, M., Anthony, M., Gmerek, G. B., & Carter, J. (2013, July). Enhancing veteran centered care: A guide for nurses in non-VA settings. *American Journal of Nursing*, 113(7), 24-39. <https://doi.org/10.1097/01.NAJ.0000431913.50226.83>

Rossiter, A. G., Morrison-Beedy, D., Capper, T., & D'Aoust, R. F. (2018). Meeting the needs of the 21st century veteran: Development of an evidence-based online veteran healthcare course. *Journal of Professional Nursing*, 34, 280-283. <https://doi.org/10.1016/j.profnurs.2017.10.007>

PsychArmor Institute Website (2019). <https://psycharmor.org/>

Implications for Practice

- ★ Hospice staff who participated in Veteran centric training felt more prepared to address needs of Veterans at end of life
- ★ Local measures of success and culture change
- ★ **Mission Act** = more Veterans seeking care close to home
- ★ More staff interaction improves awareness and ease
- ★ Satisfaction measures are hard to validate across staff levels with existing tools
- ★ Patient and family satisfaction through CAHPS