



Legendary Decedent Affairs Officers Special Feature

During times of grief, Decedent Affairs Officers throughout the VA healthcare system provide family members with ongoing support. In this newsletter's issue, the PROMISE Center would like to feature two exemplary Decedent Affairs Officers.

By Laura Scott, M.S.Ed., PROMISE Center

VISN 5, Washington D.C. VAMC Decedent Affairs Officer: Mr. Larrie Richie

Mr. Larrie Richie has served as the D.C. facility's Decedent Affairs Officer for over thirty years. The PROMISE Center recently spoke with Mr. Richie, Dr. Karen Blackstone, and Nurse Joy Laramie to discuss benefits and strengths of his service. Mr. Richie also shared his experience, wisdom and beneficial practices.

Prior to a Veteran's passing, the D.C. team prepares Veterans and family for end-of-life care and benefit discussions. Often times Joy Laramie makes an effort to ask Veterans while in the hospice unit for their legal Next of Kin. As a provider, she is able to gather this information while conducting a social history. Ms. Laramie is particularly careful, explaining, "I try to be very specific about identifying NOK. If somebody says 'my ex-wife,' I take the time to ask if they are legally divorced and not just assume. A lot of times people have been separated from

their spouse for decades and consider it an ex but they never went through a legal divorce so I try to prepare them up front." As the Decedent Affairs Officer, Mr. Richie devotes time to searching for each Veteran's legal Next of Kin. Colleagues consider Mr. Richie a "magical wiz at tracking people down." Clinical staff and decedent affairs consult each other daily, and Mr. Richie is alerted of any potentially challenging situations.

When sitting down with Next of Kin following the Veteran's passing, Mr. Richie provides multiple resources which include a FAQ booklet he developed with Joy Laramie, the application for the grave marker and a brochure with information from the Veterans Benefits Book. Next of Kin are educated on burial benefits, social security and insurance information, and bank and personal property resources. Mr. Richie has composed an easy-to-read packet which includes all necessary documents. The expert Decedent Affairs Officer put the packet together over the course of ten years and carefully constructed its contents. The packet includes helpful information from M1,

Part 1, Chapter 14 of the Veterans Benefits Book. In order to best serve families, Mr. Richie suggests all new staff read and study this book. Staff and families appreciate Mr. Richie's open door policy, and his business card is distributed to family members when most appropriate. Dr. Blackstone shared, "Mr. Richie welcomes all to come in. He comforts Veterans and their families. And he comforts staff too when we come to visit him."

In order to ensure seamless collaboration with other departments in the facility, Mr. Richie reaches out to all staff in every unit of the facility. If a new staff member joins the team in a unit, he will visit the unit to introduce himself. If a new staff member is critical to the decedent affairs mission, Mr. Richie takes time to review brochures and benefits with them and encourages them to shadow him. He ensures that all staff is familiarized with his role and the ongoing support he provides. Mr. Richie also trains

Continued on next page

**Hudson Valley
Shines**

Decedent Affairs
Staff Feature **Page 2**

VISN 1 Brochure

Team effort yields
excellent packet for
families **Page 3**

**Circle of Life
Award**

VHA awarded
honor **Page 4**

**Cooper Drive's
Teamwork**

Social worker added
to staff **Page 5**

Data Collection

FAQ on surveying
patients and
families **Page 7**

staff in departments like the travel and eligibility offices. This ensures cross-training among units and a general understanding of benefit information throughout the facility. Ms. Laramie shared, “He’s such a

Mr. Richie contacts Dr. Blackstone so that she or a fellow clinician can meet with the family. This practice allows Dr. Blackstone to extend condolences and discuss autopsy requests with the family.

He explained, “When they’re coming in they’re upset and you have to set them at ease... It all has something to do with your demeanor.” His fellow staff admire this way in which he makes family members feel comforted and listened to. Ms. Laramie remarked, “We’re so honored to work with him. He makes our jobs much easier.” Dr. Blackstone added, “He gives his entire heart. I appreciate all he has given me and continues to give me.” With over thirty years of experience, Mr. Richie’s commitment to Veterans and families is to be commended, and newly appointed Decedent Affairs Officers can learn from his wisdom and experience.

“ Mr. Richie welcomes all to come in. He comforts Veterans and their families. And he comforts staff too when we come to visit him. ”

wonderful resource. I call him all the time to clarify a procedure or policy.” In addition to this continual contact with facility staff, Mr. Richie also ensures that providers are involved in decedent affairs contact with Next of Kin. After a Veteran passes away

Mr. Richie’s commitment to excellent care has been recognized over the years through many awards, including an Employee of the Year honor. Mr. Richie stresses the way in which decedent affairs officers introduce themselves to Next of Kin.

VISN 3, Hudson Valley VAMC Death Details Clerk: Ms. Deborah Shropshire

Since joining the Hudson Valley VA Healthcare System as Death Details Clerk three years ago, Deborah Shropshire has greatly contributed to improving care for Veterans and families. Through commitment to early intervention and cooperative efforts, the team has received strong scores on BFS items related to decedent affairs. Ms. Shropshire, appreciated and praised by many, has led several successful initiatives and provides exceptional care for families. The PROMISE Center recently spoke with Ms. Shropshire, Social Worker Linda Spencer, and Nurse Practitioner Joby David to better understand the Hudson Valley details office and its practices.

Ms. Shropshire serves as the decedent affairs point of contact for the Castle Point campus. Over the past two years, Ms. Shropshire has implemented an early intervention initiative. Introduction to an information packet and the role of the Details Clerk takes place when appropriate following a palliative care consult. Families have appreciated Ms. Shropshire’s early introduction of paperwork, ensuring adequate time for decision making. If nursing and social work staff identify complex issues regarding a patient’s case, Ms. Shropshire becomes involved even earlier. In addition to Social Worker Linda Spencer and Nurse Practitioner

Joby David alerting her of potential issues, Ms. Shropshire also continually reviews the facility’s Seriously Ill List, which is updated by doctors. By searching for demographic information on each Veteran on this list, the Details Clerk is able to ensure updated, accurate Next of Kin information. After identifying the correct Next of Kin and obtaining permission from the Veteran to contact them, Ms. Shropshire collaborates with the care team to set up a meeting to provide seven required VA forms, her business card, the burial benefits handbook, and burial information package.

Recently the facility provided Ms. Shropshire with a private office which she has decorated with calming effects like waterfalls and plants. In order to ensure a supportive environment, she meets Next of Kin wherever they are, mentally and emotionally. Ms. Shropshire explained, “I let them tell me what they need. If they do not want to talk about death and dying, I simply give them my card, burial benefits handbook, and burial information package. I let them know when they’re ready to discuss it, contact me.” Her understanding and comfort with the conversation is also evident as she observed, “I tell them there’s nothing wrong with being scared and not wanting to deal with it right now. I tell them we’re never ready for bereavement

when it comes to death. I just encourage them and support them. And if I don’t hear from them in a timely fashion, I follow up.”

In an effort to further collaboration, Ms. Shropshire has been appointed a member of the palliative care and bereavement task teams. When the palliative care team completes care plan assessments, the Details Clerk is now included. Becoming a member of the palliative care team has allowed her to reach out to more family members. In addition to serving on these teams, Ms. Shropshire also works closely with Volunteer Services. This department often assists in the donation of Veteran’s personal belongings and serves as a valuable resource for many additional needs. For example, when Ms. Shropshire could not recently locate a POW lapel pin which was requested, Veterans serving in the Volunteer Services department quickly resolved the issue and provided a pin.

Ms. Shropshire has also led several initiatives relating to memorial services for Veterans at the facility. Eagle Scouts involved in Volunteer Services have built handmade memorial, mobile tables for each unit. These tables now house memorial candles, the name tag with appropriate military service and folded flags. The table is placed outside of the Veteran’s door for a 24-hour period, and she assists staff in

Continued on next page

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providing memorial services at the time of death. Following a Veteran's passing, the staff places a blanket of the flag over the bed, and invites the family to escort the Veteran to the mortuary area.

In addition to flags provided to family members, Ms. Shropshire has also initiated distribution of the memorial book entitled, "One Who Served." The book serves as a keepsake and provides families with information on wars, tours and service medals.

When unique situations arise, Ms. Shropshire skillfully reaches out to numerous departments and agencies. For instance, a family once requested a Veteran be buried in his uniform, but the uniform they owned was not in perfect condition. Ms. Shropshire reached out to staff at West Point and learned that every uniform from every branch of service is kept in stock. After paying a minimal fee, the family received a new and complete uniform.

Newly appointed staff members involved in decedent affairs are able to benefit from Ms. Shropshire's tips:

- ❖ Attend a national cemetery service
- ❖ Obtain your notary to better understand legal terms and transactions inside and outside the VA
- ❖ Take time to watch the film "Taking Chance"
- ❖ Work closely with the palliative care team
- ❖ Commit yourself to continuing education

Ms. Shropshire entered the Details Clerk field to work with and serve people. "I have not found a job like this one. It allows me to use all my skills and deal with different departments, groups of people. I am able to provide very patient-centered, diversified care," she said. Fellow staff member Ms. Spencer explained, "She jumps into any situation and takes it on with thoroughness and bravery." The Implementation Center recently acknowledged Ms. Shropshire, and she received a well-deserved Best Practices in Decedent Affairs for her VISN.

The Hudson Valley Palliative Care Admission Packet is available to VA staff on the Implementation Center Sharepoint's Announcements List located [here](#). ●

Collaborative Effort in VISN 1

User-Friendly, Informative Brochure for Families

By: Laura Scott, PROMISE Center; Melissa Thompson VISN 1 Palliative Care PM



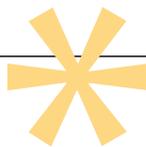
VISN 1 recently created station-specific orientation materials for grieving family members, as part of a grant-funded BFS ICARE national pilot program. Led by Melissa Thompson, VISN 1 Palliative Care Program Manager, facility team members provided interdisciplinary and interdepartmental input in order to create the brochures. Members of the Veterans Benefits Administration, public affairs, decedent affairs, the VISN webmaster, and palliative care team members in the VISN served as the project's core work group. Involving the Veterans Business Administration ensured up to date information on benefits, and working with the VISN Public Affairs Officer resulted in a professionally designed brochure for each VISN 1 station. The packet, appealing to the eye and extremely informative, ensures consistent and accurate information for families.

The 'What to Do When a Loved One Dies' brochures extend condolences and provide bereavement education, with valuable information on the grieving process accompanied by the Palliative Care Coordinator's direct extension. The brochure includes an After Death Checklist and suggested list of questions for the mortuary. The brochure also details practical information on autopsy requests, burial and survivor benefits, and VA staff contact information.

The brochure closes with a comprehensive list of books for grieving family members. The VISN guaranteed accessibility by adding a grief information page to the VISN 1 internet website. The brochure and its implementation reflect VISN 1's commitment to providing ongoing support for family members. To view the VISN 1 "What to Do When a Loved One Dies" brochure please click [here](#) (hyperlink to be added).

VISN 1 team members also built sustainability into this intervention by addressing training needs for administrative officers. As a kick off to the project, and to ensure a continuity of care for families, AODs and decedent affairs clerks participated in grief, loss and bereavement training with palliative care teams. The work group then developed a grief, loss, bereavement, and self-care module intended to provide ongoing training for administrative staff. As a final step in the process, the work group is currently exploring making the training module available through TMS.

To view the VISN 1 packet please click [here](#). ●



Link to New Mailed Version of BFS

SINCE TRANSITIONING FROM A PHONE TO MAIL SURVEY, THE BEREAVED FAMILY SURVEY HAS CHANGED ITS FORMATTING. IF YOU WOULD LIKE TO VIEW THE NEWLY DESIGNED SURVEY, PLEASE VISIT OUR PROMISE CENTER WEBSITE AT:

http://www.cherp.research.va.gov/PROMISE/The_PROMISE_Survey.asp



VA's End of Life Program Receives National Honor

By Hans Peterson, VA Staff Writer

The American Hospital Association has awarded a Citation of Honor to the Veterans Health Administration for building and expanding the infrastructure to provide palliative and end-of-life care services to Veterans throughout the country and working with community-based providers to complement its services. VHA exemplifies the best in

health care, providing compassionate care and helping patients and families facing complex health challenges, according to the American Hospital Association.

Dramatic Progress in Palliative Care

In 2002, nearly a third of VA's medical centers were making no referrals to community hospices, and most centers had no palliative care team. Today, VA has a wide-ranging, innovative palliative care program that builds on the nation's largest integrated health system's advanced information technology capabilities and culture of performance improvement to care for Veterans with serious illness and their families.

Each of the VA's 21 regions has a palliative care program manager and clinical champion, and each of its 152 medical centers has an interdisciplinary palliative care team. All are supported by three national quality centers.

"The program began with a small nucleus of committed people," says Scott T. Shreve, National Director, VA Hospice and Palliative Care, "and grew by focusing on what worked rather than what didn't. We identified regional champions and we gave them the resources to really make things happen."

Understanding Veterans' Special Problems

Because Veterans also receive care from community providers, it's not enough to change the VA system itself. Ensuring non-VA providers understand the special problems faced by Veterans at the end of life — such as when traumatic memories from combat come to light — is critical. Through the VA's collaboration with the National Hospice and Palliative Care Organization, the We Honor Veterans program creates collaborative models to increase all Veterans' access to community hospice and palliative services designed to meet their needs.

A powerful tool for internal improvement is the nationwide Bereaved Family Survey, which offers leaders of VA's 21 regional networks feedback on how end-of-life care services are satisfying families. Mary Zuccaro, who oversees VA palliative and hospice services in northern California, northwest Nevada and Hawaii, depends on those metrics to "take the temperature" of the program.

"I look through it for themes of where did we make a difference and where did we miss the boat. I disseminate that through all our programs."

The VA program focuses on both technology and simple human kindness. The Care Assessment Need score, for instance, is a robust predictive model that scans the electronic medical record to identify Veterans "at-risk" for needing supportive services rather than waiting for a clinician to notice the need. The VA Medical Foster Home program is a lower tech solution to keep Veterans out of nursing homes. In this program, families "adopt" a seriously ill Veteran under the close watch of VA clinicians.

"The future for VA is proactive, personalized and patient-driven care," says Dr. Madhulika Agarwal, Deputy Under Secretary for Health Policy and Services for the Veterans Health Administration. "It's about proactively meeting the needs of an individual patient, which is based on their preferences and their goals. That is what our focus needs to be." ●

“It's about proactively meeting the needs of an individual patient.”

Addition of Staff and Call Script Boost Family Satisfaction

Lexington VAMC Staff Providing Excellent Care for Families

By: Dr. Cecil Peppiatt, HPC Medical Director; Marleen Burns, APRN/HPC Program Coordinator; Lorann Curtis, LCSW, HPC Program; Laura Scott M.S.Ed., PROMISE Center

Recent PROMISE Center reports have revealed improved family satisfaction scores for the Lexington VAMC. The facility, divided into two campuses, has improved its Bereaved Family Survey Spiritual Support and Emotional Support after death scores. These improvements have been attributed to the facility's addition of a Social Worker in Q3FY12 and the addition of a script for bereavement phone calls. The staff in both campuses is committed to improving care for Veterans and family members.

The Lexington facility consists of two campuses. The acute care hospital, the Cooper Drive Division (CDD), is a level one, C hospital with 198 beds. The hospital includes a four bed inpatient hospice unit and also offers hospice/palliative care throughout the facility through a scatter bed approach. The second campus, the Leestown Division (LD), is located 3.5 miles away from Cooper Drive and contains a 64 bed Community Living Center (CLC) and 10 bed inpatient hospice unit. The HPC/Palliative Care Consult Team is comprised of the HPC MD/Program Director, the APRN/HPC Program Coordinator, the APRN/HPC OP Provider, the APRN Mental Health Provider, the Social Worker/Mental Health Clinician, the Social Worker for the CLC hospice unit, the Chaplain HPC/PCCT, and the Chaplain for the CLC hospice unit.

The Cooper Drive facility has experienced increases in Emotional Support after death scores since Q3FY12 when Lorann Curtis, Social Worker, joined the team. Ms. Curtis serves as both social worker and mental health provider within the team and is dedicated to the Cooper Drive Division. Serving as an instrumental staff member, Ms. Curtis serves as the team leader for CDD and with the HPC Coordinator devotes time to the

administrative arm of the program.

Ms. Curtis' strengths and experience have greatly benefited Veterans, families and staff at the facility. A strong clinician, Lorann holds previous experience as a community hospice social worker and bereavement counselor. She makes contact with every family after the Palliative Care Consult is completed and acts as a liaison and educator for them during the treatment course. Ms. Curtis collaborates with the other acute care clinicians as Veterans transition between various levels of care.

Many of the team members travel between the two campuses and Social Worker Lorann Curtis serves as an intermediary between fellow staff and families. In order to ensure ongoing communication with families, she makes phone calls to all families who are unable to be at bedside and her addition to the team has allowed clinical staff to spend more time with families visiting Veterans in the hospital.

She also provides families with benefit information and assists the Chaplain in completing bereavement phone calls. All families are updated on programs, grief/bereavement information and benefit information via an informational packet provided during consult and then again upon admission to hospice unit. Lastly, many of the team members travel between the two campuses and Ms. Curtis serves as an intermediary between fellow staff and families. In order to ensure ongoing communication with families, she makes phone calls to all families who are unable to be at bedside and her addition to the team has allowed



clinical staff to spend more time with families visiting Veterans in the hospital.

In addition to Lorann Curtis' dedication to the palliative care team's efforts, the facility has numerous interventions and programs in place aimed at improving family satisfaction. Chaplains are called to the bedside for all inpatient deaths. If the death occurs after administrative hours, Chaplains make every effort to provide this service through their on-call service. If there is no family present at time of death, the Chaplain service makes every effort to reach them via telephone the next day. The facility's Chaplain/Recreation Therapy Service also organizes regularly scheduled Memorial Services. Recently, the Chaplains and Social Workers have started to use a script for bereavement phone calls. The script provides consistency and ensures discussion of all important points. The script is available to VA staff on the Implementation Center Sharepoint located [here](#).

The facility also implemented their Out-Patient HPC Service in Q3FY12. Staff first targeted the hemodialysis and chemotherapy clinics and then moved to Home Based Primary Care/Primary Care. The team is currently collaborating with hematology oncology/thoracic oncology clinics to see Veterans on OP status. They also conduct limited home visits and answer some Palliative Care Consult Teams (PCCT) via phone if Veterans are unable to come into the hospital. This initiative has increased the number of Veterans and families that the team is able to educate and support during the difficult transitions towards end-of-life care.

The last significant accomplishment the team has made during FY13 involves the education of clinical staff in end-of life care. The facility's HPC Medical Director, Service Chief of Hospitalists and Associate Chief of Staff for Geriatrics and Extended Care have all completed

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board certifications in HPC. The HPC Coordinator/APRN and APRN/HPC OP have completed ACHPN certification.

EPEC training has been made available to all providers and RNs. Both the HPC and HBPC teams have completed this as have many providers and RNs in Acute and Primary care. RN/LPN staff have a 95% or greater completion of ELNEC and ELNEC Critical Care. Nursing assistants have a 75% or greater completion of the HPNA (Hospice Palliative Nursing Aide Training) curriculum. The team has also encouraged every clinician on both campuses to complete either the fifteen minute TMS EOL training, "Leading the Way, Hospice Palliative Care in the VAMC," or a one hour education PPT and posttest, "Hospice and Palliative Care Introduction." Increasing knowledge and awareness of HPC has enabled clinical staff to provide expert end-of-life care to Veterans wherever they are seen and also to better educate and support Veteran families. The Lexington facility has succeeded in creating and implementing successful interventions aimed at improving Veteran and family satisfaction. ●

BFS Spiritual Support Score			
	Cooper Drive	Leestown	National Mean Score
Q1FY13-Q3FY13	63% (n=38)	74% (n=46)	62%

BFS Emotional Support After Death Score			
	Cooper Drive	Leestown	National Mean Score
Q1FY13-Q3FY13	73% (n=37)	80% (n=45)	71%

BFS Cooper Drive Emotional Support After Death Score	
Q1-Q3FY12	Q4FY12-Q2FY13
65% (n=34)	70% (n=43)

LEXINGTON TEAM ROLES AND RESPONSIBILITIES

HPC MD/Program Director: (FTE 0.3)

- Rounds daily at Cooper Drive (CDD)/acute care hospital, answering new consults (inpatient and outpatient) and seeing palliative care/hospice Veterans/families
- Daily rounds in ICU
- Schedules/ leads family meetings
- Teaches other clinicians throughout CDD formally/informally
- Serves on various committees
- Oversight for 64 bed CLC located at Leestown Division (LD) which includes second inpatient hospice unit
- Team meetings and rounds at LD Monday, Wednesday, Friday
- Coordinates outpatient PCCT program

Chaplain Hospice unit at CLC: (FTE resides with CLC)

- Clinical service to Veterans/families on Hospice unit CLC
- Bereavement phone calls at CDD.

APRN/HPC Program Coordinator: (FTE 0.7)

- Coordinates HPC/PCCT program/ staff/ Leads monthly meetings.
- Attends facility, VISN, VHA Committees.
- Assists coordination of NVDA Program.
- Serves as Primary Care Provider for one unit of CLC (30 beds)
- Covers inpatient /outpatient consults as needed.

APRN Mental Health Provider: (FTE 0.25)

- Does CDD PCCT rounds one day weekly.
- Cross covers for other APRNs on PCCT.
- Consult provider for mental health problems within HPC Program.

Chaplain HPC/PCCT: (FTE 0.25)

- Clinical service to Veterans families seen by PCCT and Veterans on acute care Hospice unit.
- Bereavement phone calls.

SW/Mental Health Clinician: (FTE 1.0)

- Coordinates PCCT at CDD
- Clinical service to Veterans families seen by PCCT and Veterans on acute care Hospice unit.
- Rounds daily
- Bereavement phone calls

SW Hospice unit at CLC: (FTE resides with CLC)

- Clinical service to Veterans/families on Hospice unit CLC
- Bereavement phone calls in CLC.

APRN/ HPC OP Provider: (FTE 0.5)

- Primary care Provider for 32 bed CLC unit
- Cross covers CLC Hospice Unit.
- Assists with coverage for both campuses with PCCT.
- Covers inpatient /outpatient consults as needed.

FAQ Regarding Surveying Patients and Families

Questions regarding Paperwork Reduction Act Approval Answered

Q: I would like to give my patients and their families a questionnaire asking about the care they are receiving. Can I just give it to them?

A: Are you giving the questionnaire to more than 10 people in a 12 month period? If the answer is yes, then you must submit the questionnaire to the Office of Management and Budget (OMB) for review and approval. Each survey must display the burden statement and OMB number.

Q: I've already started giving patients and families a questionnaire. What do I do now?

A: The Operating Division (OPDIV) must bring the issue to the attention of the Departmental Reports Clearance Officer.

Q: What is the Paperwork Reduction Act (PRA)?

A: The act attempts to reduce the amount of paperwork and reporting burdens on the American public and maximize the possible utility from the information that is collected. Additional information on the act can be found here: http://www.whitehouse.gov/sites/default/files/omb/assets/inforeg/PRAPrimer_04072010.pdf

Q: What is General Clearance?

A: General Clearance approval requests are reviewed on a fast-track basis by the OMB and the process involves less documentation. This clearance is ideal for surveys with the same general purpose (i.e. customer surveys). General Clearances allow for more flexibility for some types of surveys, but may not be appropriate for all data collection purposes.

Q: What is a burden statement and why does it need to be displayed?

A: The burden statement provides respondents with full knowledge of the nature and purpose of the survey.

Q: If I am administering a survey for research purposes and have IRB approval, do I need OMB approval also?

A: It depends; IRB approval and PRA approval are two separate approvals. Obtaining one of the two approvals does not negate the need for the other. In some cases, both approvals are necessary. If of a clinical nature, OMB will review Paperwork Reduction Act (PRA) clearance on a case-by-case basis. If your need for clearance is unclear, please contact the OPDIV Reports Clearances Officer.

Q: I believe I need OMB approval, what do I do now?

A: The process is dependent on the subject matter of the data collection. In general, there are four steps to preparing and submitting any information collection request for OMB approval. Please be advised that this whole review and approval process can take anywhere from 6-9 months.

Step 1 – Prepare and publish a notice in the Federal Register to provide a 60-day period for the public to comment on the reporting and record keeping requirements associated with the information collection.

Step 2 – Prepare an information collection request package. This package should contain a:

- Supporting statement
- Copies of all necessary attachments. These attachments can include, but are not limited to, data collection instruments, instructions, scripts, consent forms, IRB letters, and other reference materials related to the collection.

Step 3 – Publish the 30-day Federal Register Notice and forward the submission to your OPDIV Reports Clearance Officer for review prior to forwarding it through the Department.

Step 4 – The Departmental Reports Clearance Officer reviews the collection for quality and potential duplication across the department prior to forwarding the collection to OMB.

Additional resources:

- <http://www.howto.gov/web-content/requirements-and-best-practices/laws-and-regulations/paperwork-reduction-act>
- <http://www.paperworkreduction.gov/>
- <http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html#20>

Contact the VHA PROMISE Center

Visit our PROMISE Center Website for more information on the Bereaved Family Survey and Resources

<http://www.cherp.research.va.gov/PROMISE.asp>

Please email Laura.Scott@va.gov to be added to the newsletter email distribution list

