

Continuing Changes at PROMISE

By Hien Lu, Associate Director

The PROMISE Center is continuing the transition of the Bereaved Family Survey (BFS) from a primarily phone interview to a mail-out survey. At the start of Q3FY12, six VISNs (1, 2, 11, 19, 20, and 23) transitioned to mail surveys. An additional seven VISNs (4, 5, 6, 7, 8, 15, and 18) made the change to mail surveys in Q4FY12. In Q1FY13, we will transition the remaining 8 VISNs (3, 9, 10, 12, 16, 17, 21, and 22). From pilot testing of a random 10% sample of all deaths in Q1 & Q2 of FY12 indicates a slight dip in response rates. The current response rate of phone interviews is 59%; for the mail surveys is approximately 50%.

The PROMISE Center maintains a toll free line that is staffed during normal business hours to allow family members who prefer to complete the survey via telephone and/or have questions about the survey, benefits or other concerns. In this way, we also optimize response rates and reach populations that otherwise

would not complete a mail survey (e.g. low literacy).

Mail surveys are sent approximately 4 weeks after death. The mailings include information about our toll-free line for those that prefer to complete a survey via telephone, a magnet, and a pre-paid, self-addressed return envelope. We also include an insert for families to request additional services such as benefit referrals. At approximately 6 weeks after death, families receive a call (or a phone message) from the PROMISE Center confirming receipt of the survey. Families can either request to complete a phone interview instead or request another survey be sent to them for completion.

After consultation with survey experts and piloting of this new mail-out process, there may be a modest “mode effect” resulting in increases or decreases in overall survey scores for VISNs. This “mode effect” should be considered when comparing current results to previous years.

The PROMISE Center will evaluate overall changes in BFS scores with the mailed administration of the survey and discuss this effect with Program Managers and others during FY2013. Additionally, the Office of Management and Budget approved some slight wording changes to the BFS questions that will take effect beginning with Q1FY13 deaths. The phrase “doctors and other staff” has been replaced with “staff” and includes a clarifying statement as to what “staff” includes. These changes reflect feedback from the field.



These are just a few of the many changes happening at the PROMISE Center. If you have any questions or concerns about these changes or anything related to the BFS, please feel free to contact our Associate Director, Hien Lu at 215.823.5800, ext 7932 or hien.lu@va.gov.



Address: The Comprehensive End-of-Life Care

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Initiatives from the CELC Implementation Center

By Diane Jones

The Implementation Center's FY13 strategic plan includes its core function of fostering sustainability by promoting and supporting leadership and program development responsibilities and four initiatives that focus on program development and support, distance learning, and integration of palliative care into acute care and outpatient settings. These programs will build on the successes of prior initiatives and competitively selected projects as well as introduce new programs that will further our national goal of honoring Veterans' preferences for end-of-life care in the setting of their choice.

Leadership and Program Development – Core responsibilities of the Implementation Center Led by Dr. Carol Luhrs and assisted by Diane Jones and Lyndella Talamanco, the Implementation Center will continue supporting VISN palliative care leaders and facility teams in efforts to sustain and strengthen their programs, mentor teams and emerging leaders, work successfully with community partners, and recognize achievements.

Bereaved Family Survey – I CARE (BFS-I CARE)

Led by Mary Zuccaro, BFS-ICARE will help I CARE and Serious Illness project staff sustain their impressive gains in FY2012 through large and small group Live Meetings, sharing tools, resources, and educational materials. Using distance-learning concepts, the program will schedule Live Meeting networking calls, Listening Sessions and small group mentoring throughout FY13.

Palliative Care Integration into Intensive Care (PC-ICU) Initiative

Led by Dr. David Gruenewald and Michelle Gabriel, PC-ICU is designed to improve palliative care access, quality, and expertise in Intensive Care Units (ICUs). Relying on such distance learning activities as interactive webinars for large groups and coaching for PC-ICU teams, this project will create an enduring curriculum and quality improvement process that will be used for years to come.

Palliative Care Integration in Patient Aligned Care Team (PC-PACT)

Led by Meredith Magner-Perlin, PC-PACT will build on the successes of the competitively

selected projects awarded special funding in FY2011 to increase PACT capacity to deliver palliative care. Many of these projects are still going strong and ready to pilot new approaches in identifying high risk Veterans and implementing effective, collaborative delivery models in the outpatient setting.

Hospice and Palliative Care Business Case (HPC Business Case)

Led by Dr. Jorge Cortina, the HPC Business Case program will develop and disseminate tools, resources and training to help hospice and palliative care leaders and staff build sustainable palliative care programs through systematic and knowledgeable data collection, analysis and reporting.

Please contact Lyndella.Talamanco@va.gov if you would like to be added to the BFS-ICARE, PC-IC, or any of the other e-mail groups or to be given access to the CELC Implementation Center SharePoint. Regular notices will be sent to these email groups announcing the agenda and link for each Live Meeting. Relevant resources and educational materials will be disseminated as they are developed or identified.

Visit the VA PROMISE Center website at :

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

Data Inquiries:

Do you have questions about your data? Would you like your data presented differently? Are there additional data you would like to see? Would you like to schedule a hot seat call or additional data breakouts? Please contact our Data Manager, Dawn Smith, at dawn.smith2@va.gov to discuss your needs.

VISN 1 Sharing PROMISE Data with Veterans Benefits Administration

By Melissa Thompson, VISN 1 Palliative Care Program Manager

While discussing ways to improve facility scores on benefits questions during a PROMISE “Hot Seat” call in April of 2012, Susan Cesaro, LICSW on the Providence, RI PCCT posed a question that gave pause to the group gathered on the phone. She asked, “Does VBA even know about the PROMISE survey? Does anyone send them the results?” She went on to say that while facilities and palliative care teams may share information about benefits, ultimately, families must speak to representatives of the VBA and those encounters could impact facility scores on questions related to benefits and possibly even emotional support after death.



When it came time to identify a VISN-wide project for the ICARE and Serious and Life Limiting Illness request for proposals the decision was made to focus on decedent affairs and the benefits question was raised again. Regional VBA offices were thus identified as key stakeholders in our proposal to improve collaboration between decedent affairs and palliative care and provide consistent information about benefits to Veterans and families.

Initial outreach was made to the three New England VBA Regional Directors by Melissa Thompson, VISN 1 Palliative Care Program Manager. Excerpts of the first quarter’s VISN1 PROMISE survey results were shared. Data included scores for emotional support after death, benefits for surviving spouses and dependents, burial and memorial benefits and help with funeral arrangements. Qualitative comments were reviewed and any response pertaining to benefits were extracted and shared. Here is one example of a qualitative comment regarding family and benefits: “He got excellent care, but they can’t expect me to do the administrative work and be with and take care of him. They need to take in to consideration people’s emotions for their loved ones.”

Along with the survey information, an explanation of the proposed ICARE project and a request for VBA assistance in reviewing guides addressing after death benefits yielded an enthusiastic response from regional directors who shared local points of contact for assistance with the project.

While we do not have data yet to support improvement in satisfaction through this sharing of information, we will be tracking it as part of the ICARE and Serious Illness project evaluation. We have found that VBA continues to be very receptive to PROMISE data shared and in fact one regional manager was taking the survey results with him when he visited representatives in the field. Another local VBA representative when asked to review a family guide to bereavement care for accuracy of benefits information said: “This is wonderful. I read the whole guide and learned a lot! The benefits information looks good too.” We will continue to track our scores on these four questions and look for an improvement in qualitative comments regarding benefits that may be as a result of this initiative.



Please email Laura.Scott@va.gov with PROMISE

News submissions