



"A Last Salute"

Honoring Veteran's at End of Life



Panel Discussion objectives

- Unique care of the Veteran and their family at End of Life
- Chaplaincy Palliative and Hospice Support available
- Coordination of care
- Chaplaincy's Veteran Pinning Ceremony

Facts about Veterans

- 20% of the patients we serve at Chaplaincy Health Care report that they are veterans.
- Nearly 642,000 US military veterans die each year, accounting for one in four deaths in the US.* However, the great majority (85%) of veterans do not receive health services through the Veteran's Administration (VA), and only 4% of veteran deaths actually occur within VA facilities. Of the 15% of former military who do access the VA system for some care, many continue to utilize non-governmental facilities for selected services, such as hospice. Approximately 1.54 million people used hospice services in 2013 (41.9% of all deaths).

*<https://www.ncbi.nlm.nih.gov/entrez/eutils/elink.fcgi?dbfrom=pubmed&retmode=ref&cmd=prlinks&id=27398071>

Facts about Veterans

- With a Veteran population of over 21.8 million, and with Americans age 65 and over becoming an increasingly larger portion of the country's total population — estimated to climb from 43 million to 83 million by 2050 — the need for quality end-of-life care for Veterans is growing

Caring for Veterans

- Veteran End of Life needs differ, not only because military culture affects how veterans cope with their illness, but also because of exposure related factors (combat and environmental) differ between military branches
- It's common for intense emotions and memories to resurface at the end of a Veteran's life, sometimes to the surprise of family members who are hearing these things for the first time.

Caring for Veterans

- The harsh toll of war includes disease, disability and illness that can complicate end of life care.
- Depending on the war, Veterans may have been exposed to ionizing radiation, Agent Orange, open air burn pits, battlefield transfusions, below freezing temps, and infectious diseases.

Caring for Veterans

- These exposures put them at a higher risk for a variety of cancers, type 2 diabetes, kidney disease, heart disease, hep C, respiratory illnesses, malaria, TB, and more.
- Symptoms of depression and PTSD can arise at the end of life, even if they weren't present before. Sometimes clinical symptoms can mimic those of PTSD, including traumatic recollections and flashbacks hypervigilance, hyperarousal and agitation and nightmares.

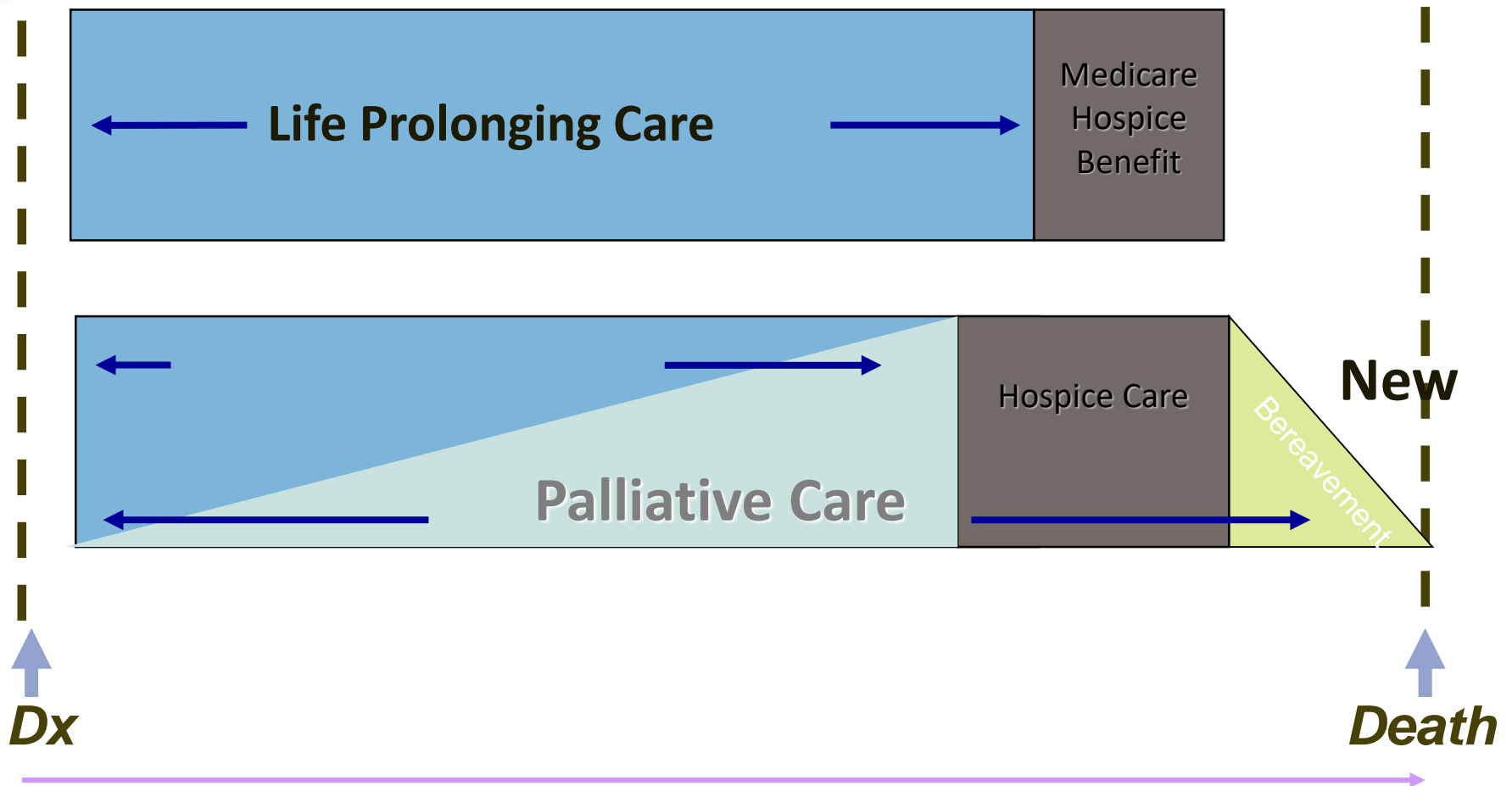
Caring for Veterans

- These symptoms are often promoted by an emotional or traumatic experience such as receiving a terminal diagnosis.
- In addition to physical and psychological conditions, Veterans might feel like purging themselves of memories by discussing their military experience with others-sometimes for the first time. Veterans can also have concerns about how their families will manage after the veteran dies.

Caring for Veterans

- By recognizing the unique needs of veterans who are coping with life-limiting illness, Chaplaincy can guide these men and women toward a more peaceful ending.
- Chaplaincy Hospice and Palliative Care teams are providers of end of life care. We witness Veterans every day exhibiting clinical and psychosocial issues. We want to make sure our veteran patients feel safe and secure and to honor those who've served our country by serving them well at end of life.

The Old, The New



Palliative Care

- Term derived from Latin *palliare* “to cloak”. It refers to specialized medical care for people with serious illness. It is focused on providing people with relief from symptoms, pain and stress of serious illness who are in continued treatment.
- Those who don't qualify under Medicare hospice benefit yet.

Palliative Care

- Team consisting of:

MD, 2 ARNPs, 2 RN's, Chaplain and Social Worker along with the MA who takes and processes referrals.

- Hours: Monday-Friday 8-5pm

- Pt needs PCP

High percent of patients referred are hospice approp-goals of care constantly addressed

Palliative Care

- Chaplaincy Hospice and Palliative Care have a seamless referral process.
- Anyone can call for an informational-hospice is available 24 hours a day
- Assessment must be done for appropriateness
hospice infos/admits are done 7 days/week

Hospice Care

- Provides support and care for those in the last phases of life-limiting illness (6 mos or less)
- Recognizes dying as part of the normal process of living
- Affirms life and neither hastens nor postpones death
- Focuses on quality of life (not quantity)

Healing doesn't always include curing

Hospice Care

The biggest misperception about hospice is that it's
“Brink-of-Death Care”

Benefit is to cover the last 6 mos of life...over half of all hospice patients nationwide are enrolled less than three weeks before their deaths. 37% spend less than 1 week in hospice.

Hospice Interdisciplinary Team

- Med Director-
- Case Manager RN-
- Social Worker-
- Chaplain-
- Nurses Aide-
- Volunteer-
- Bereavement team/grief support-

Work of the hospice team

- Develops plan of care, centered around Veterans wishes
- Manages pain and symptoms
- Attends to the emotional, psychosocial and spiritual aspects of dying and caregiving
- Teaches family/friends how to provide care
- Advocates for the patient and family

Hospice Supplies

- Supplies, equipment, medication and a 24/hr RN on call
- NAC provides bathing and personal care and assistance with activities of daily living
- Provides bereavement care and grief support up to 13 months-more if needed

Hospice Benefit does NOT provide ongoing caregiving

Nurses

Different Roles:

Admission nurses-play a pivotal role in the educational process for patients, families and caregivers. They work with the veterans care team in formulating a care plan, ordering medications, and equipment that may be needed while also providing pain relief and other meds that may be needed.

Hospice Roles

- Case Manager RN-oversees the direction and coordination of the Veterans care and the care provided for their caregivers and family, this care can be provided anywhere the Veteran calls home.
- Liaison RNs-usually are at the hospital or go to place of residence to establish goals of care, explain services, answer questions and provide support.



**“Sorry I’m late,
I had great nurses.”**

Spiritual needs at EOL

- For our veterans, their time in combat may have had a profound impact on their spirituality. Many veterans are able to push aside these feelings for years, but as they approach end of life, the feeling of spiritual distress may return.
- For a veteran raised in a religious congregation, "Thou Shall Not Kill", is an unequivocal commandment. Yet, in combat, they may have witnessed or committed acts that resulted in death or injury.

Spiritual needs at EOL

- They may have seen extreme devastation or experienced the loss of good friends. They can experience guilt for the actions they took or actions they did not take while in the service.
- Some Veterans simply refuse to speak about these experiences when they return from combat. Some isolate themselves from loved ones.

Spiritual needs at EOL

- Others try to blot them out by turning to drugs and alcohol. Despite these efforts, when they begin to contemplate their own mortality, they may begin to exhibit signs of spiritual distress inc:
 - Guilt
 - Nightmares
 - Loss of hope
 - Anger at God
 - Feeling abandoned by God
 - Fear of the afterlife
 - Believing their illness is a punishment

Spiritual needs at EOL

- Hospice Chaplains have received specialized training on providing spiritual support to Veterans at EOL. They use both spiritual and life review techniques to help distressed Veterans.
- Hospice chaplains provide spiritual care to patients of many different faiths with respect for the patient and their families beliefs. Should the patient wish to speak to religious leaders of their own faith, the chaplain can arrange for this visit.

Social Worker

- The hospice social worker has specialized training in end of life care. They are an important member of the team. Their insights, support, and recommendations can vastly improve the experience of the Veteran and their family.
- The social worker is available to help patients and their loved ones or caregivers navigate the practical and emotional issues that arise during the end of life journey.

Social Worker

- The Social Workers are experts in evaluating the well-being and emotional status of individuals in the health care system. They are also trained in a variety of techniques to help manage emotional distress.
- In addition to physical and psychological conditions, Veterans might feel like purging themselves of memories by discussing their military experience with the hospice social worker.

Social Worker

- Veteran patients and their families should know they are never alone. From challenging clinical symptoms to complicated benefits issues to a simple "thank you", Veterans should feel supported. It is most important at end of life to show veterans unwavering honor and respect.

Social Worker

- One method to connect with Veterans and ensure their comfort and dignity, is to provide them with the information on their benefits. Identifying potential entitlements and coordinating with the VA, service members, agencies and local and state organizations can be extremely helpful to Veterans and their families who may not realize how to acquire the benefits they have earned. It is also key to remind Veterans they have a support system and that they are valued.

Volunteers



Why are Veteran Volunteers Important?

- Potential for better match of patients and volunteers based on similar areas of interest and background
- People who have common life experiences usually begin to trust each other
- Veterans can form a camaraderie that can penetrate their civilian social roles

Why are Veteran Volunteers Important?

- The culture of stoicism & societal reactions can discourage Veterans from sharing their war experiences
- When one Veteran talks to another, stoicism and secrecy may dissolve
- Veterans share a common language; code of conduct and honor
- Sharing supports life review and healing

Non-Veteran Volunteers

Hospice volunteers without a military history may want to support Veterans at end of life

- Had family members who served
- Raised in a military family
- Worked closely with the military as a civilian
- Employed in an organization that serves Veterans
- Identify Veterans as underserved
- Committed to no Veteran dying alone

We love our Veterans! Memorial Day at CBC



We love our Veterans! Memorial Day at CBC



Veteran Parade and other events







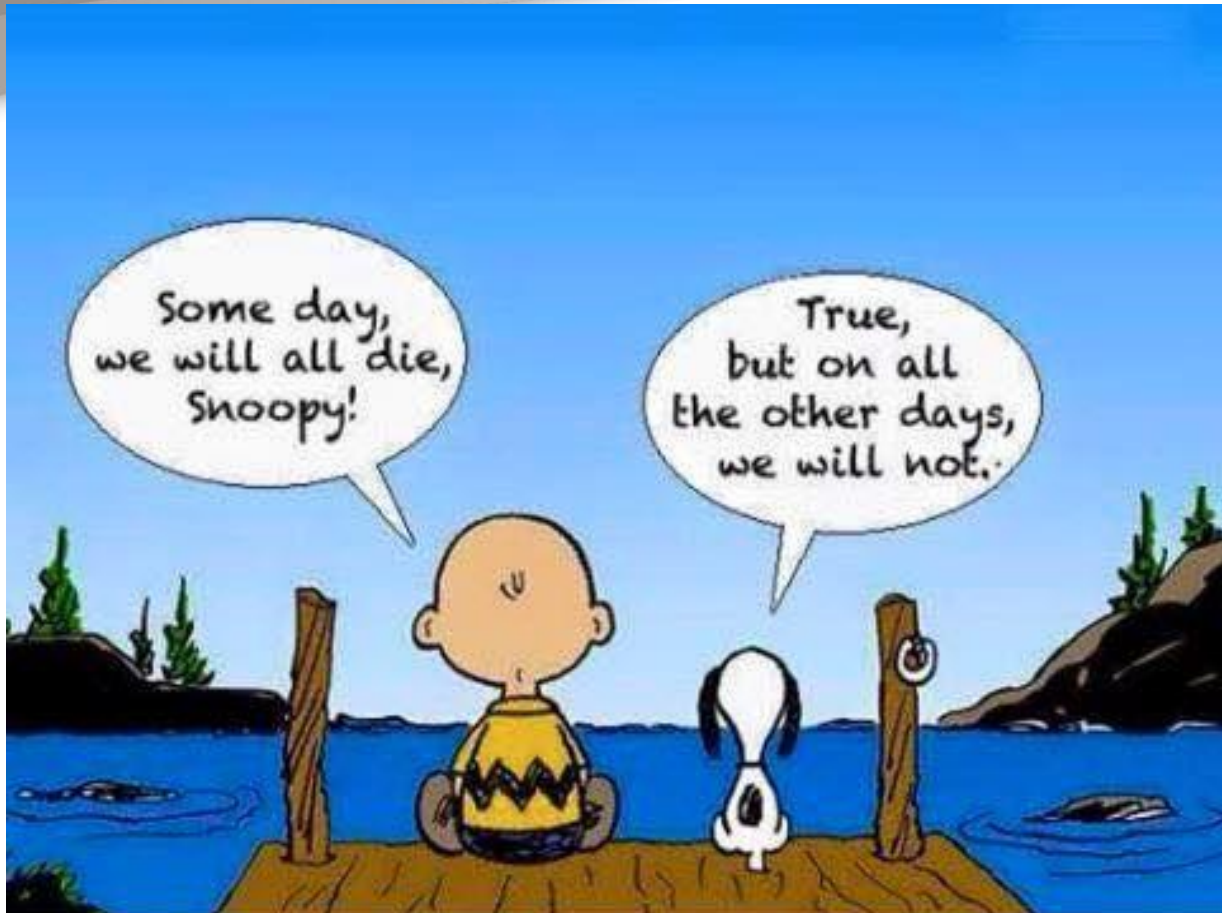




Veteran's Day Coin



- <https://www.youtube.com/watch?v=NS34c2Ksv58>



Thank you