

COMMUNITY BENEFITS PLAN – REPORTING FORM

Pursuant to RSA 7:32-c – 1

FOR FISCAL YEAR BEGINNING 1/1/2007

to be filed with:

**Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591
www.nh.gov/nhdoj/charitable**

Visiting Nurse Association and Hospice of VT & NH, Inc.	03-6006494
Organization Name	Federal Tax ID
331 Olcott Drive, Unit 1	4508
Street Address	State Registration Number
White River Junction	VT
City	State
	05001
	Zip Code

Has the organization filed its Community Benefits Plan Initial Filing Information form?

Yes X No ___

If No, please complete and attach the Initial Filing Information form.

If Yes, has any of the initial filing information changed since the date of submission?

Yes X No ___

If Yes, please attach the updated information.

Attached are: Current Board List
Current Organizational Chart

Section 1 – Community Benefits Contact Person:

Name and Title: Gaye LaCasce, VP of Development and Community Relations

Address: Visiting Nurse Association and Hospice of VT & NH, Inc.
331 Olcott Drive, Unit 1, White River Junction, VT 05001

Telephone Number: 802-296-2838 ext 1057

Section 2 – Mission Statement:

1. What is your mission statement?

“Our hearts, skill, and resources are dedicated to delivering outstanding home and community-based health and hospice services that enrich the lives of people who live throughout our region. We do this in active partnership with other organizations and with the individuals and families we serve.”

When was it last reaffirmed? Will be reaffirmed June 2007 at the Annual Meeting (last Board aff: Jan 2003)

Section 3 – Miscellaneous:

Is this plan available on your web site? Yes X No ___

If yes, may we include a link to the plan on the CTU web site?

Yes X No ___ Web Address: www.vnavnh.org

X Please check here if you are an area agency that reports to the Department of Health and Human Services

___ Please check here if this report is filed for two or more healthcare charitable trusts.

Section 4 – Definition of Community and Population Served

What community do you serve?

The VNA & Hospice serves 70 towns in Vermont and 16 towns in New Hampshire along the White River and Connecticut River valleys. Services are provided through three branch offices, the largest of which is located in West Lebanon, New Hampshire. As a multi-service agency, the VNA & Hospice offers programs that serve individuals from the beginning of life, Maternal Child Health, to the end of life, Hospice. The agency does not discriminate in services or access to care on the basis of race, color, national origin, religion, disability, age, sex, marital status, sexual orientation, or ability to pay. The individuals and families we care for are at varying levels of socioeconomic status and have a wide array of healthcare and social service needs. The children at-risk and parents served by our Family Health programs are often poor or working poor and receiving Medicaid, WIC, fuel assistance, and more. The seniors and/or disabled citizens we care for in our long-term care programs are also often living at or near poverty levels. Short-term home care includes care for acute illness or injury, rehabilitation post-surgery or injury and intravenous therapy. Hospice care and support is offered to people with life-limiting illnesses who have chosen to discontinue curative treatment and also to their families.

Section 5 – Community Needs Assessment Information**1. Did you conduct your own community needs assessment or did you conduct the needs assessment in conjunction with other healthcare charitable trusts in your community?**

The VNA & Hospice has gathered assessment data from a variety of sources; including the local United Ways, The Early Childhood Infant Mental Health Network, and the Community Benefits Coalition of the NH District VII Health Council (now called the Bistate Coalition for Community Health Improvement). This Coalition was formed in the summer of 2002 following the passage of the NH Community Benefits legislation with a mission *to assess needs and work collaboratively to improve community health in the Connecticut River Valley and Lake Sunapee Region.*

In the development of the VNA & Hospice's community benefits plan and, in Board discussions and agency planning, consideration has also been given to the goals established in Healthy People 2010 which include:

- Promote physical activity and fitness
- Prevent injuries
- Improve access to quality long-term care
- Prevent and reduce diseases and disorders
- Mental health
- Depression
- Violent/abusive behavior
- Other
- Falls
- Burns

If you conducted a needs assessment with other healthcare charitable trusts in your community, please answer the following questions:

a. Identify the healthcare charitable trust designated by the group to file the community needs assessment with the Charitable Trusts Unit.

Bistate Coalition for Community Health Improvement

b. When was the assessment last conducted updated? 2004

Section 6 – Community Benefits Plan/Report

Our cost estimates are based on the expenses involved in providing care and include personnel time, supervisory costs, supplies, transportation, time to keep medical records in addition to consulting doctors and hospitals, bookkeeping, telephone, rent and completing medical reimbursement forms. The estimates for unfunded costs do not include bad debt, development/community relations expenses, or fees for investments and trade associations.

1. Health Care Needs

Most people, if given the choice, prefer to receive care at home. Home healthcare promotes independence and preserves dignity. Whenever possible, we coordinate services to help patients remain in familiar surroundings and or/with their families, and offer resources to help families navigate the complicated healthcare system. Patients – and their referring physicians – count on us to devise highly skilled, quality-driven, cost-effective solutions to their health and wellness needs. VNA & Hospice services benefit the entire community by addressing risk factors before problems escalate and lead to more complex and costly community health issues. Prevention and health maintenance activities, in addition to home-based care, are also available to community members.

The highest priority needs, based on Community Needs Assessment data, considered in the development of this Community Benefits Plan include the following:

- Senior Services and Injury Prevention
- Care Coordination/Case Management
- Allow those with chronic conditions to remain at home longer
- Community education concerning end-of-life care and issues
- Parenting education and support
- Financial assistance to those who can't afford the full cost of healthcare

2. 2007 Plan – Related to the Needs Assessment

Home Health Services

Category:	Homecare (short- and long-term care), Hospice
Target Population:	Individuals in need of physician ordered, home-based, skilled care provided by nurses, physical therapists, occupational therapists, speech therapists, nursing assistants and social workers, patients who require ongoing supportive care to stay in their homes, individuals who are at the end of life, and those seeking preventive care in the community
Addressing Specific Needs:	Senior Services and Injury Prevention; Care Coordination/Case Management; Allow those with chronic conditions to remain at home longer; Community education concerning end-of-life care and issues
Objective:	Maintain people in their homes with quality care. Minimize admissions to area nursing homes and expedite hospital discharges to home. Provide supportive, comfort care at the end of life.
Estimated Cost:	\$ 17,309,123

Homecare Program

The agency will continue to offer two types of homecare—short-term and long-term. Short-term home care will span, on average, 90-days and will serve individuals who have recently been discharged from a hospital or nursing home. Services may include but are not limited to: care for acute illness or injury, rehabilitation post-surgery or injury, intravenous therapy, gait training, wound care, cardiopulmonary assessment and patient education, health teaching and assistance with activities of daily living. The goal of home health care is to educate the patient and the caregivers in achieving optimal health and to help them attain the best possible level of independence and functioning at home. Our nurses check the patient's health condition at each visit to detect problems early and check how well they are eating, drinking, taking medicines, and how safe their home is. Additionally, the nurses act as case managers. They head a team of staff that might include therapists, home health aides, and medical social workers based on the current needs of the patient and the orders of the patient's physician. They are responsible for assessing needs, ensuring that the interdisciplinary team is responsive to the patient's circumstances, and coordinating services with other providers. They are in constant communication with the patient, the patient's informal caregivers, and the patient's physician—providing feedback about the patient's progress and noting changes in the patient's condition. Therapy staff can also case managed and provide guidance, education and exercises to help prevent falls and other injuries and meet these important community needs.

Home health care is provided to a growing group of patients with chronic conditions within our region; common diagnoses include Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Vascular Disease, and Diabetes. These services are provided to individuals regardless of their ability to pay for the care. Some individuals are under-insured or have no insurance and no funds to pay privately for services, and most of our home care clients are senior citizens.

New Hampshire's Home and Community Based Care Program (HCBC) is an important alternative to more expensive nursing home care. These long-term care services help eligible individuals over 65, or those over 18 with chronic medical conditions, remain at home. The program includes case management to plan and coordinate services, and personal care to help with activities such as medication management, food preparation, home safety, and hygiene. Homemaker services are provided to individuals who are frail due to aging, chronic physical, or chronic mental impairment. Services include shopping, cleaning, cooking and other tasks that improve community members' quality of life. However, funding is limited and there is great concern about how long the agency can sustain these programs with decreasing resources. As the states tighten the criteria for nursing home admission, it is anticipated that there will be more patients with more complex medical problems who will need services at home

Hospice

The Hospice movement is based on the awareness that dying and death are natural parts of life and that the end of life can be a time of choices and of profound meaning to patients, their families and their friends. Community education on end-of-life care will continue to be a priority in 2007. A Speakers Bureau focusing exclusively on Hospice education will provide presentations to seniors, caregivers, and community members

throughout our service area on the philosophy and delivery of Hospice care. There will also be a Hospice component of a seminar series open to the general public entitled “Taking Care of Mom and Dad.”

Hospice care will continue to be offered to people with life-limiting illnesses who have chosen to discontinue curative treatment. Since Hospice is a philosophy and not a place, home is wherever the patient is, including nursing facilities.

Our team of skilled medical professionals, medical social workers, chaplains and trained volunteers, will offer the following services: nursing care, pain management, medical director consultations, social services, emotional support, spiritual care services, licensed nursing assistants, short-term respite for caregivers, and bereavement services and grief support for up to 13 months following a patient’s death.

Bereavement support groups will continue to be offered in West Lebanon, NH and the surrounding area for anyone in the community who has experienced a loss. In 2007, we will facilitate a new support group in collaboration with the Women’s Health Resource Center at Dartmouth for parents who lose an infant.

Family Health Services

Category:	Maternal Child Health, Family Support Services, Fatherhood program
Target Population:	Families at risk (including but not limited to single parents and/or those suffering from addictions and/or those at risk for abuse and neglect)
Addressing Specific Needs:	Parenting education and support
Objective:	To empower and strengthen families; to prevent child abuse and depression
Estimated Cost:	\$ 1,601,391

Maternal Child Health (MCH)

Maternal and Child Health services are delivered in the home primarily by nurses who are experienced in pediatrics and family health. Clinical staff work to ensure positive birth outcomes through the New Hampshire Home Visiting Program.

The program’s primary prevention services are focused on wellness. Program professionals teach families about anticipatory guidance, growth and development, and appropriate utilization of community resources. There are three sides to this Prevention/Early Intervention work—Assessment, Education & Medical Nursing Intervention for pregnant and postpartum women, Maternal-infant Early Discharge Support (for those discharged from the hospital), and Parenting Skills Education. We

work in collaboration with the family and the physician to create an Individual Family Support Plan so services are tailored to each unique family's needs (this Plan may include assistance with early and ongoing breastfeeding needs, etc). We also strive to ensure access to health care through the NH Healthy Kids program.

Secondary prevention services address the needs of children who may have acute or chronic illnesses. Children with a variety of illnesses, such as diabetes or asthma, benefit from this program. Families are better able to monitor and manage the child's condition as a result of our support.

At the level that MCH is currently funded, the provision of these services provides significant operating challenges for the VNA & Hospice. MCH visits frequently include services to both the mother and the child during the course of a visit, thereby extending the duration and frequency of visits. If the results of an assessment indicate a need that cannot be fully addressed by VNA & Hospice staff, for example, post-partum depression, the MCH nurse will coordinate with the physician and other community agencies to provide additional support.

MCH clients frequently lack insurance to cover the full cost of the services provided, resulting in significant, uncompensated service to the community.

Family Support Services (in NH only)

Family Support Services comprises a team of professionally trained Social Service Assistants and paraprofessional Family Service Aides. These team members work with families in their homes and in support groups with the goal of enhancing constructive social behavior and parenting skills. Services are open to anyone, but the majority of families served are the poor and working poor who have serious and/or chronic medical, mental or cognitive challenges.

Fatherhood Program

The Fatherhood Program provides individual and group support services to all interested fathers in the Upper Valley. The staff provides guidance and skills training specifically geared to dads. The program is intended to help fathers establish, re-establish and/or strengthen their vital role in successful parenting so that they can be the best fathers they can be.

3. 2007 Plan – Additional Community Benefits

Wellness Clinics

Est. cost \$150,923

The VNA & Hospice believes that prevention and education play a crucial role in keeping people healthy and safe. In 2007, we will sponsor a wide range of clinics and services for both businesses and the community including health education, screening, testing, and immunizations designed to make healthcare easy and accessible to all. These clinics will provide an opportunity for discussing health issues with a Registered Nurse, and will include foot and blood-pressure checks, flu vaccinations, medication management, nutrition and general health education. If any concerns are identified,

referrals to physicians for care will be recommended—our clinicians’ ability to identify problems early can lead to less costly treatments and fewer complications.

A unique program in New Hampshire in this category is the Wellness Club at the Quail Hollow Retirement Community in West Lebanon, NH. In 2007, various improvements will be made to this program so that it can extend its reach to an even greater number of Quail Hollow residents.

Telemedicine – Home Monitoring

In 2007, the VNA & Hospice will increase the number of telemedicine units in patient homes, especially in the homes of those with chronic illnesses, to monitor vital signs daily and respond quickly and appropriately to changes in a patient’s medical status. With the use of telemonitoring at full capacity, the risk of hospitalizations, the need to utilize emergency services, and/or the need for placement in nursing homes for our patient population can be significantly reduced.

Community Education

The VNA & Hospice’s Development/Communications department has been renamed Development & Community Relations to reflect much of the time that is spent educating residents about the care provided and the variety of services available through the organization. A new brochure has been printed for distribution at health fairs, in public places, and at other community organizations.

4. 2007 Charity Care

The VNA & Hospice will continue to assure access to medically necessary services for all persons regardless of their ability to pay within the limits of the agency’s resources. Financial assistance (charity care) will be given to individuals and families in need of care but without adequate insurance or resources to pay for services such as nurse case management, certain Hospice medications, high-tech care and more. Providing this support enhances overall access to care and promotes prevention and wellness amongst populations that cannot afford the full cost of healthcare.

The agency uses a means test and sliding fee scale in deciding the amount of uncompensated care that will be extended to a particular patient. Growing community health and social-welfare needs that must be addressed by the VNA & Hospice and diminishing reimbursement have increased the need for additional fundraising and grant writing. The support of individuals, foundations and other organizations has been essential in our efforts to meet these needs and serve our communities.

	2007 Estimated Loss
Home Health Services	\$ 664,000
Family Health Services	\$ 439,809

5. Report on 2006 Activities – Related to the Needs Assessment

Home Health Services, Total cost \$16,175,333**Homecare (short- and long-term care)**

In 2006, over 82,000 home visits were made to some 4,000 short-term homecare patients in our service area. These patients reportedly felt more secure in the familiar environment of home, surrounded by those they love and with memories they cherish, than any other setting. Data collected by Medicare in 2006 indicated that health outcomes for our patients (based on %) were better than the state and the national averages, in two areas specifically:

- Percentage of patients who get better at taking their medicines correctly (by mouth)

This outcome means that our home health staff did an excellent job teaching patients how to organize their medications and how to take them correctly so that they make patients feel better, rather than make them sicker, make them confused, lead to falls or other injuries, or even cause death. Appropriate help and support with medication management is a priority for seniors and for injury prevention.

- Percentage of patients who are short of breath less often

Shortness of breath is a big problem for many home care patients and can limit their participation in normal activities. This very positive patient outcome means that our home health staff did an excellent job of monitoring patients' breathing and teaching patients ways to improve their breathing and be as comfortable as possible.

With these leading health outcomes, our care helped keep patients in their homes, out of emergency rooms and hospitals. The need for town emergency services was thus reduced which is a benefit for the entire community.

In 2006, over 35,000 home visits were made to some 650 long-term homecare patients with chronic conditions in our service area. By keeping these area residents in their homes and their communities, there is a system-wide cost savings and the entire community benefits from their participation in civic life and more.

Data from the Center for Medicare and Medicaid Studies illustrates the cost advantages of homecare:

- 60 days homecare: \$2,213
- 1 hospital day: \$4,603
- 60 nursing home days: \$29,580

Hospice

In 2006, over 12,000 home visits were made to some 500 Hospice patients and their families—additional visits may be provided to their family members during the 13-month

bereavement follow-up. This support and assistance at the end of life helped to significantly reduce stress for families and caregivers, and made a difference in the workplace in terms of absenteeism and tardiness. There are significant health, social and emotional benefits of providing family members and other caregivers with this direction and guidance.

Family Health Services

Maternal Child Health

In 2006, over 6,500 home visits were made to some 1,000 MCH patients and their families. Most lifelong health habits are learned in childhood—through MCH we worked to prevent family health habits that can set the stage for development of chronic disease later in life. We collaborated internally with our VNA Family Support Services team (on the New Hampshire side) and with the New Hampshire Home Visiting Program and the NH Child Health program to provide comprehensive education and support to new families. The majority of these clients had serious social and medical challenges. We helped them identify and resolve problems early on, in most cases before their children entered the school system, and helped them to understand how to prevent health crises in the future.

Family Support

In 2006, over 2,500 family support-focused home visits were made to some 200 families. In addition to providing support to families in their homes, support is also provided in groups and in the community with the intention of enhancing parenting skills and constructive social behavior and preventing child abuse and neglect. Services are open to any family, beginning with prenatal support. The high majority of parents involved with the program have suffered abuse and neglect in childhood. Family isolation is a major contributing factor to increased incidence of abuse, neglect and depression. As a result of our responsive and flexible menu of services, parents and children have become connected to community resources before crises arise. As their network of support increased, many parents acted with new confidence and found courage to pursue work and educational opportunities.

Fatherhood

The Fatherhood component of our program is designed to strengthen families by helping dads be more effective parents and play a more active, healthy role in their children's lives. 71 dads were served last year. We offered them opportunities to network with other dads and communicate with our staff, with whom they have a non-threatening, strength-based relationship. We have found that these opportunities helped visibly reduce the anger and frustration that is initially characteristic of many of the men we serve.

6. Report on 2006 Activities – Additional Community Benefits

Education and Outreach

Wellness Clinics including foot care, blood pressure checks, and flu vaccination served well over 3,000 clients (at a total cost of \$152,241). Presentations on the agency's services were offered to community groups, senior centers and service organizations on more occasions in 2006 than in recent years. Information was also provided to referral sources by the agency's first-ever per diem outreach specialist to build awareness about needs and services. Provider Referral information, and information on our clinics and other community programs, were added to our website.

Professional Development

The VNA & Hospice reaches out to local colleges to provide learning opportunities for students pursuing education in health care. In 2006, we partnered with Dartmouth to develop a third-year medical student homecare curriculum and home visit program. Five Dartmouth Medical School students participated in a trial launch of the program in the spring. Additionally, our clinical staff was involved with a project with Dartmouth's Center for Evaluative Clinical Sciences with a goal of improving the patient-provider relationship and reducing re-hospitalizations. Nursing students at Colby Sawyer College and Vermont and New Hampshire technical colleges regularly rotate through the VNA & Hospice home healthcare delivery experience. Some students have observed, others have taken more active roles in patient assessment. These experiences have the potential to shape the careers of the nearly 100 students that were involved this year. VNA & Hospice staff and patients also report benefits of being a part of this training process.

Point of care

We have increased our utilization of laptops in the field to 125. All of our clinicians are now using computers for retrieving and entering required patient information electronically, freeing up time to provide a higher quality experience for patients through hands-on care.

Telemedicine

Life for individuals with chronic health conditions is a rollercoaster between periods of relatively normal health and frightening health crises. Sudden and intense symptoms are characteristic of their condition and can put them back in emergency rooms and inpatient hospital care. We have devised a telemonitoring plan for appropriate candidates (up to 79 at any time) so that they are connected to a nurse on a daily basis to help them avert these crises. Medicare and Medicaid do not currently reimburse for costs associated with the acquisition or the use of telemonitors. However, based on satisfaction surveys, interviews with the participants, and months of their health trend data the telemonitoring program has:

- Allowed those with chronic conditions to remain at home longer
- Reduced anxiety of participants and their families
- Increased rural residents' access to healthcare providers
- Provided patient education and a strong sense of "health ownership"

Strategies to Reduce Hospitalization

The VNA & Hospice’s Quality Plan is reviewed and approved by the Board of Trustees on an annual basis. The Professional Advisory and Quality Committee of the board is chaired by a physician, and made up board representatives and community healthcare professionals. Its role is to review the agency against the plan on an ongoing basis and advise on professional practices and quality improvements.

As a part of the Quality Plan, the VNA & Hospice set “reducing hospitalizations” as a key patient outcome goal by which to measure quality and efficiency of our care in 2006. We measured our performance against other agencies in New Hampshire and Vermont because of the similarities in the demographics of the population we all serve, the regional health care practices and higher rates of access to homecare services.

Upon implementing best clinical practices identified as successful in other agencies to reduce hospitalization, the VNA & Hospice reduced unnecessary hospital admissions below the State average of 30%.

7. 2006 Charity Care

The VNA & Hospice assures access to medically necessary services for all persons regardless of their ability to pay, within the limits of the agency’s resources. Financial assistance (charity care) was given to individuals and families in need of care but without adequate insurance or resources to pay for services. This financial support enhanced overall access to care.

Due to reimbursements rarely covering the full cost of any given service in our rural area, the support of individuals, foundations and other organizations was essential in our efforts to meet these needs and serve our communities

	2006 Loss
Home Health Services	\$ 785,575
Family Health Services	\$ 547,821

8. Ratio of gross receipts from operations to net operating costs = .89

9. Means used to solicit the views of the community on the development of this plan and an evaluation of its effectiveness

Website

The VNA & Hospice’s Community Benefits reports are posted on the agency’s website at www.vnavnh.org. The general public can read, review, and then comment on the report via e-mail or by telephone call. Feedback will be used as appropriate in subsequent Community Benefit plans.

Volunteers

The VNA & Hospice executive team solicits input from community leaders as issues arise in order to better respond to community need. The Board of Trustees and Assembly

of Overseers represent a large cross-section of community members in our catchment area. Members of the Board and the Assembly have the opportunity and responsibility to sense problems and bring them to the attention of the VNA & Hospice executive team and to provide ideas for solutions to address them.

Forums and special committees

Forums and special committee meetings are held periodically to explore issues and gain community input. Some ideas are translated into initiatives for action.

Surveys

Measuring patient satisfaction is essential to gaining important feedback from patients and patients' families to ensure that a high level of quality care and services are available to the community. The results of the surveys direct the VNA & Hospice's attention to aspects of clients' home health and hospice experiences needing improvement. With the help of our Professional Advisory and Quality Committee and our Ethics Committee, we continually work to incorporate patient ideas into practice.

Section 7 – Public Notice**How is your plan/report made known and available to the public?**

Currently the plan/report is posted on the Web site and is also available in print to anyone who requests it. We have discussed publishing the Community Benefits plan in a newsletter format and distributing it to constituents on our mailing list.