



# VNA & Hospice News

Volume 1, Issue 1

Spring, 2009

## Admissions

Phone:  
1-800-575-5162  
TDD:  
1-800-735-2964

## Business Office

1-888-300-8853

## Donation

### Address

PO Box 976  
White River Jct,  
VT 05001

### Web

[www.vnavnh.org](http://www.vnavnh.org)

## Questions & Answers

*Q: My mother is in a nursing home. Can she receive hospice services from the VNAH?*

*A: Yes, our hospice staff collaborates with facilities' staff to provide care in nursing homes, assisted living and other senior residences.*

*Q: I'd like to make a contribution to the VNAH, but I want to designate my gift to be used for a specific purpose. Can I do that?*

*A: Usually the answer is an unqualified yes! Designated support of existing VNAH programs is always welcome.*

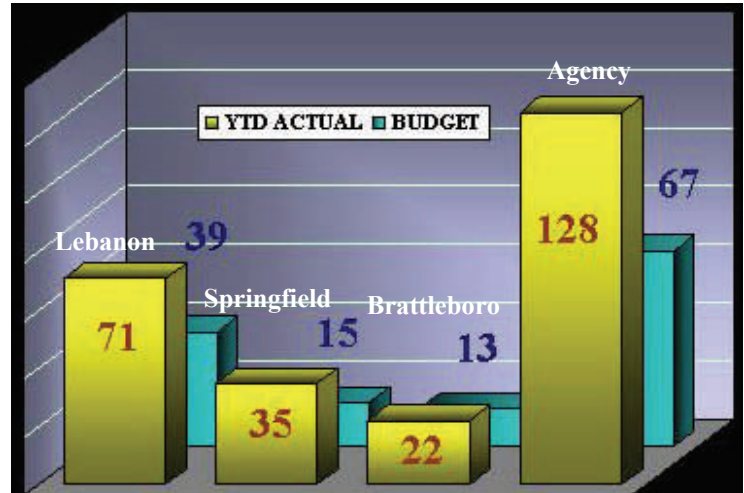
## Updates from Finance

### Hospice Admissions

Great team work, supported by our new community/facility liaisons, Heidi Smith and Kristin Barnum, has resulted in an increase in Hospice admissions through the month of March. Heidi and Kristin have been working with physicians' offices, hospitals, nursing homes and assisted living facilities throughout our territory. Education about hospice and home care services and criteria has been the focus. While we are still analyzing the data, based on hospice stats from the past three months, it looks as if the team effort has been successful.

### Fiscal Year 2008

Thanks to the hard work and dedication of staff and leadership, the 2008 was a very good financial year for the VNAH. Since 2007, our overall operating revenues grew by \$885K, to over \$18



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million, for 2008. We also worked hard to control our expenses in areas that did not affect patient care, saving \$237K over 2007, and giving us a positive operating surplus (for the first time in many years) of \$9K. Those savings are even more noteworthy given the fact that we implemented some significant market adjustments for salary enhancement.

We had an exceptional year for other revenues, in large

part due to an unprecedented \$1.1 million bequest from the estate of a generous, anonymous benefactor. Conversely, it was a very tough year for our investments, showing a loss in the value of \$494K. Despite the stock market pressure and continued reductions in government reimbursement, the VNAH showed an overall positive margin of \$1,721,264 for 2008, which is nearly a \$1.5 million improvement over our 2007 results.

## Legislative Updates

### Vermont

- AARP Vermont is fighting to preserve prescription drug assistance and health care programs. AARP Vermont has vowed to fight any attempt to cut health and human service programs.
- To ask lawmakers to protect health care for vulnerable citizens in touch economic times, call the governor's office at 1-800-649-6825 or the legislature at 1-800-322-5616 and leave a message.

### New Hampshire

- AARP is now backing state legislation to shift a greater share of long-term care to home and community-based services. Currently, 88 percent of the state's long-term care funding goes to nursing homes.
- For updates on the issue or to sign a petition asking legislators to support the bill, go to [www.aarp.org/nh](http://www.aarp.org/nh).

## Human Resources – Workers’ Compensation

### Needed *Physical and Occupational Therapists*

To assist our efforts, we are offering up to a \$1,000 referral bonus to VNA and Hospice employees who successfully refer an OT or PT who is ultimately hired by the organization. All employees are eligible—per diem, full-time or brand new to the organization. For specifics about the referral bonus, please contact Mike Simpson, HR Director, at 603-298-2820.

Workers’ compensation insurance is a mandated benefit for all VNAH employees. The costs for this insurance are directly tied into our actual experience, meaning the number and severity of the accidents and/or claims filed. Unfortunately for employees and the organization alike, 2008 was a bad year for employee injuries. That caused our workers’ compensation premiums for 2009 to exceed \$500,000. The most common causes of injuries that occurred in 2008 were slips and falls, motor vehicle accidents, and through physical care of patients.

Since we don’t want our employees to have to deal with personal injuries, and since there are ways we would prefer to spend those insurance premiums, we are addressing this trend. This winter, we provided all field staff with *Yak Trax*, traction cleats for shoes or boots, and sand to help avoid potential slips and falls. A committee has been meeting to review claims, support injured employees, identify trends, establish safety policies, make recommendations and address any safety concerns. As of June, the Employee Safety Committee will include representation from all

disciplines and branches to promote safety. So how are we doing with our safety initiatives? In the first quarter of 2009, there were just 11 injuries, as compared 34 during the first quarter of 2008! While there is still plenty of room for improvement, we are on the right path. We can provide the safest work environment possible if everyone in the organization works together. As we continue to work together, please report any potential safety hazards immediately and send me any suggestions about how we can be safer.

### Thank You ..

Town Volunteers and Staff!!  
The support from the 86 towns we serve makes a tremendous difference for those friends, relatives and neighbors who prefer being cared for in the comfort of their homes. Gathering petition signatures and sharing your thoughts about the good work of the VNA & Hospice at Town Meeting helps us obtain the financial support critical to providing high quality, compassionate care.

## CEO Corner—Jeanne McLaughlin



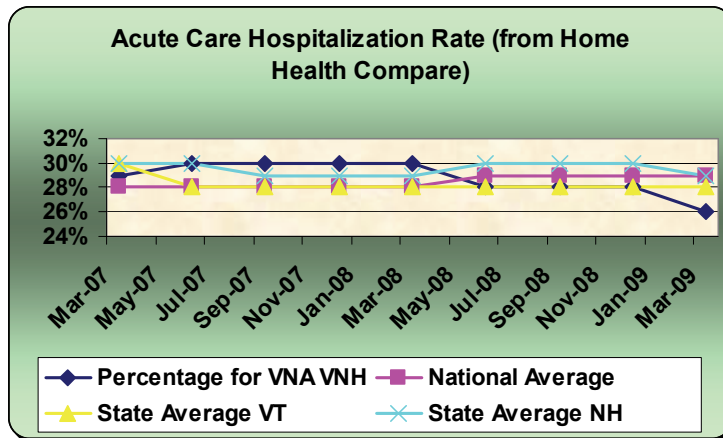
The Greek philosopher Heraclitus and author Isaac Asimov have both been quoted as saying, “The only constant is change.” Of course you don’t get to be 102 years old without change! Given today’s

economic challenges and the looming potential for significant cuts in state and federal reimbursement, home health care is encountering a new set of challenges. We are an organization of people—80 cents of every dollar that comes into the organization is spent in support of employees, who truly **are** this agency. As always, our committed employees, volunteers and supporters will work together to identify opportunities and overcome barriers to continue our commitment of keeping

individuals/families in their homes and communities. Effective communication will ensure that we all understand our efforts to greet change, so I hope you will enjoy the first edition of this newsletter. Since communication is a two-way street, I welcome your suggestions for future topics and invite your input about future publications. Constantly changing, and always striving to improve ... that is the VNA & Hospice. Thank you, for all you do.

## VNA & Hospice Quality Care

The new quality data for Medicare certified agencies arrived on March 9. One of the reported measures is the percentage of Medicare and Medicaid patients who return to an acute care facility (scheduled and unscheduled admissions to a hospital) while under care by a home health agency. Our agency had a rate of 26% for the 12 month period, as reported in March, in comparison to a national rate of 29%. The New Hampshire rate for the same time period was also 29%, and the Vermont rate was 28%, so our results in preventing hospitalizations were excellent. We improved from a rate of 30% a year ago, the result of a number of initiatives including use of telemonitors, improvement in our process for medication reconciliation, an increase in visits during the first two weeks following admission, improvement of admission materials (including a magnet with agency telephone number) and post-admission telephone calls to remind patients that we are always available, 24/7. We are excited about this latest data. It clearly



indicates that we are serving our patients in the location of their choice, HOME! This is important for patient and family

**We are serving our patients in the location of their choice, HOME!**

satisfaction as well as for future reimbursement of home care services. In 2010, Medicare is going to be paying for

home health services based on several clinical outcomes, including Acute Care Hospitalization. Agencies that have good outcomes will be rewarded, while those with outcomes worse than the national average will receive less reimbursement. The OASIS (Outcome Assessment Information Set) Assessment is a comprehensive, 108 question assessment form that is completed for all

home health patients upon admission and discharge from the agency, as well as at other intervals during the episode of care. The assessment determines payment as well as helping to measure quality of care we provide.

In February, Rhonda Wills, a nurse consultant from Fazzi Associates, provided an in-depth refresher class for all staff who use the OASIS. The class afforded staff the opportunity to seek clarification about assessment questions, and also to learn new strategies to improve assessment techniques. Managers are now providing staff with one-on-one support to further reinforce and develop these skills. We are delighted to have been able to provide this valuable education for the home visiting staff.

### Save the Date Annual Meeting

Wednesday, June 10, 2009 at the Nolin-Murray Center, St. Mary's Church, 38 Pleasant Street, Springfield Vermont from 4 to 6 p.m.

### Volunteer Recognition

The annual Volunteer Recognition event will be held on Wednesday, May 27, 2009, at the Montshire Museum, Norwich, VT, from 5:00-6:30 PM.

We look forward to seeing you so we may say "thank you," in person, for all you do each day!

### Grief Support

Mondays starting April 20, 2009 from 5:30-6:30 PM at VNA & Hospice Offices at 38 Pleasant St., Springfield, VT

**Come as often as you want!**

## The Home Healthcare Nurse Promotion Act of 2009

WASHINGTON, DC – April 7, 2009 – The Visiting Nurse Associations of America (VNAA) applauds Representative Steve Kagen (D-WI) and Representative Lee Terry (R-NE) for the introduction of the “Home Healthcare Nurse Promotion Act of 2009.”

“This new legislation will offer home healthcare providers that serve a disproportionate number of uninsured and underinsured patients the opportunity to recruit, retain and retool the specialized profession of home healthcare nursing and improve access to high-quality care to millions of patients across the country in need of home healthcare,” stated Andy Carter, VNAA President and CEO. “We join home healthcare agencies that serve as safety-net providers across the country in saying thank you to Congressmen Kagen and Terry for their commitment and understanding of the visiting nurse profession,” added Carter.

The “Home Healthcare Nurse Promotion Act of 2009” was introduced in the House as H.R. 1928 and currently has the support of Representative Leonard Boswell

(DIA), Mary Bono-Mack (R-CA), John Yarmuth (D-KY), and Madeleine Bordallo (Guam). If passed, this legislation will offer visiting nurse agencies (VNAs) and other home healthcare providers the opportunity to recruit highly specialized nurses who have expertise in geriatric care and in turn offer newly-hired nurses student-loan forgiveness for committing two-three years of service in a community-based home healthcare agency.

“Home healthcare agencies that primarily serve as safety-net providers play a pivotal role in cost-effective healthcare delivery; they treat patients where it matters most – in the home. There is no better time than now to recognize the importance of home healthcare and to do something aggressive about addressing the shortage of home healthcare nurses,” stated Carter. “We look forward to garnering additional support for this legislation by policymakers in Congress,” Carter added.

For more information on the proposed legislation, go to [www.vnaa.org](http://www.vnaa.org)

## Kudos

Congratulations to the **Family Support Services Program (FSS)** for their recent outstanding NH Department of Health and Human Service site visit reports! FSS is a New Hampshire based grant funded program that provides free in-home visits for high-risk families to promote the healthy development of children and the prevention of child abuse and neglect.

*“It was impressive to see the positive impact the workers are able to have as well as the connections between funding sources for service delivery.”*

- September 20, 2008 Site Visit Report, NH Dept. of Health and Human Services

*“We are pleased to see that changes have been made to improve and streamline care that should improve efficiency without impacting quality.”*

- February 23, 2009 Site Visit Report, NH Dept. of Health and Human Services

## We Get Letters..

“To the VNAH -

My back therapy exercises with Brett proved to be magical, for I am now out of pain. He knew just what exercises I needed to do. It’s a whole different world out there now, thanks to Brett. The nurses ... have taken good care of me. They are a really big part of my recovery. Many, many thanks to all. There is no doubt that I had the BEST.”

“To the VNAH—

...Your dedicated team of caring and compassionate people are ... a special group. Your guidance through the grieving process and focus on comfort for Mom helped us make so many difficult decisions. It was an honor to have you in our home to care for Mom. She enjoyed all your visits and appreciated your dedication to her needs.”

## Employee Greetings

**Welcome!!**

**Erika Goldstein**, Nurse Case Mgr.; **Stephanie Pletcher**, Personal Care Attendant; **Marcee LaFromboise**, Personal Care Attendant; **Alan Eggert**, Controller; **Lisa Vose**, Occupational Therapist; **Misty Boardman**, Personal Care Attendant; **Michelle Burbano**, Home Health Aide; **Kasia Jankowski**, Payroll AP Coordinator; **Patricia Howardell**, Nurse Case Manager, LTC; **Darleen Ball**, Nurse Case Mgr.; **Kathleen O’Brien**, Nurse Case Mgr.; **Kelley Rourke**, Personal Care Attendant; **Christina Whitaker**, Personal Care Attendant; **Gabriel Aguilar**, Personal Care Attendant; and **Andrea Agan**, Personal Care Attendant.

**Promotions**

**Gail Thresher**—SPR: New Long Term Care Clinical Manager

**Maria Coyne**—SPR: New Long Term Care Nurse