



Bringing Health Care Home

VNA & Hospice

A member of the Dartmouth-Hitchcock Alliance

Volume I, Number 1

VNA and Hospice Year-end Edition

Fourth Quarter 2003

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Our Mission

To provide and assure timely and equal access to a comprehensive array of client-directed quality home health, hospice, and community-based services at the lowest possible cost and to collaborate with others to improve the health and well-being of the individual, the family, and the community.

Hospice Philosophy & Mission

Hospice recognizes dying as part of life, and this Hospice exists in the belief that through appropriate care and the support of a caring community, patients and their families may attain a degree of mental and spiritual preparation for death that meets their needs.

The mission of hospice is to provide interdisciplinary care and support for persons with life-threatening illnesses, enable them to live as fully and comfortably as possible during this time, enlighten clinical, clerical and lay communities regarding preparations and options for care at the end of life, and offer comfort and support to families and caregivers during illness, death and bereavement.

The VNA and Hospice Story

Promoting Independence and Optimal Health

Through the VNA and Hospice, our skilled professionals, social workers, spiritual counselors, home health aides, personal care aides and volunteers help individuals of every walk of life, seemingly at every stage of life.

Fostering independence in recovery from surgery and disease: Whether a patient has had knee replacement, open-heart surgery, or has acute disease, they recuperate at home. An interdisciplinary team of professionals in conjunction with a personal physician, work with the patient and family to promote recovery and understanding of their disease process in order to achieve their optimal level of health and independence.

Providing long-term for those with chronic disease and disability: Sometimes an individual's disease or disability impacts their ability to function independently at home. Our nursing and para-professional staff provide the necessary support to enable patients to remain at home with family and friends.

Providing compassionate end-of-life care: Hospice care brings together an interdisciplinary team of trained professionals and volunteers to provide comfort for those facing life-threatening illness and to preserve dignity at the end of life.

Making the homes of our elderly safe: When our elderly are living alone, who will make sure that they can live at home safely? Is a grab rail needed in the tub? Are there loose rugs on which one could trip and fall? Is lighting sufficient? Is it time for a ramp for the house? The VNA team will visit homes to conduct these assessments and make recommendations.

Giving children a healthy start: The Orange County Parent Child Center (OCPC) offers parenting support programs to help parents, caregivers and community members give children a happy, healthy start in life. While this program serves only the Orange County VT area, the VNA offers a variety of similar programs promoting healthy families in other areas.

Supporting children with serious health issues: The VNA's Maternal Child Health program works with families and their children who require the highest level of at-home care employing advanced technology and helping families learn how to address their child's illness or disease and help improve the child's health.

Helping men be more successful dads: The Fatherhood Program provides support, training and encouragement for dads who want to be the best they can be. The program also provides special programs that offer time for dads and their children to be together with others in a supportive atmosphere.

If you know of anyone needing this kind of help to regain independence and optimal health and well being, please call our Information line: 800-858-1696



Year-end Message President's Corner



Throughout the continuum of care provided by VNA and Hospice, there are several constants. Through our home care and community programs, we

promote independence. We create a way for patients to be in control of their health and their recuperative process now and going forward. In hospice, we offer support and caring for our patients and their families to make their own decisions and preserve dignity at the end of life. In all services, our goal is for each patient to achieve optimal independence and functioning at home with their disease or disability. We promote this through skill and caring.

This caring takes place in the intimate setting of an individual's home.

Perhaps one of your neighbors.

So much of what the VNA and Hospice do is never public, but somehow if you ask anyone you meet today "what do you know about the VNA or Hospice?", most will be able to relate a personal story of someone they know who benefited from our services.

We bring healthcare home.

The patients served by VNA and Hospice benefit greatly when the community understands our hidden value. As the year ends, if you've heard of such a story or learn of neighborly examples of our work, we hope we can count on your financial support to allow us to continue seeing all patients who come our way. Thank you for all of your support.

Susan N. Larman

*"Innovation is not new at VNA and Hospice. We are innovative everytime we step into an individual's home."
Sue Larman - 2003 Annual Meeting*

"There are many reasons for me to support the VNA and Hospice and perhaps half are also reasons for me to be personally grateful to the agency and staff."



The Visiting Nurse Alliance and Hospice of Vermont and New Hampshire is a private, not-for-profit, tax-exempt 501(c)(3) voluntary organization certified by the U.S. government as a Medicare homecare and hospice provider serving Vermont and New Hampshire.

"Thanks to the VNA for the kind and expert service given me during my recuperation from a knee replacement."

With FRIENDS involved, good things happen.

When community members are passionate about an organization, there is no limit to the good they can do. That's the Woodstock VNA Friends story.

Under the leadership of Rev. Marcia Boyer, this group of a dozen or so community leaders has provided a backbone of support to the VNA and Hospice in many ways.

This group represents the towns of Barnard, Bridgewater, Hartland, Plymouth, Pomfret, Quechee, Reading, Sherburne, and Woodstock.

They are involved in several projects that reflect the wide variety of help they provide to the VNA and Hospice. Projects include assuring adequate signatures are gathered to satisfy the petition requirements in advance of Town Meeting requests for VNA and Hospice funding; staffing flu clinics in their towns; providing staff support at community clinics the VNA provides at the Senior Center and HIRS, both in Woodstock; raising funds for the soon-to-be-opened Woodstock VNA Wellness Center, to be housed in an office condominium donated earlier this year by a local couple.

If you are interested in starting a similar group in your area, contact Karen Keane, VP of Development (802-296-2838 ext 1031 or karen.keane@hitchcock.org)

VNA Board

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The Road to Clinical Excellence

by *Carole Lechthaler VNA Director of Patient Care Services*

The quest for Clinical Excellence is a journey that we travel as nurses, therapists, social workers and aides over our entire career. Achieving our degree or certificate is not the end of the road for us.

It starts with our focus on how we assess our patients, make plans for their treatments and care in collaboration with their physician, know when to make course corrections when conditions change, and how we measure our success. Our skill and expertise in these areas impact a patient's ability to regain independence, promote optimal health, and enhance the quality of life.

In home care, we need to maintain a higher level of skill and knowledge which is unique to the home care setting and our holistic approach to care.

Home care clinicians are challenged to maintain a plan of care that includes not only monitoring physical outcomes, but also teaching the patient about disease and medication management, being alert to lifestyle changes, helping family members be effective caregivers, and as needed, feeling confident to discuss end-of-life planning. There are no short-term plans.



VNA clinicians provide clinical interventions by themselves, in the home, alone. Practicing independently, it is critical that they demonstrate a high level of clinical competence. Blood draws, catheterizations, and IVs. Mastering these competencies comes with education and practice.



In order to ensure the efficacy of care, staff must evaluate what they have done, both as care progresses and at the time of patient discharge from care. The data we receive from our assessment tools enables us to review patient outcomes. Patient outcomes measure the impact on a patient's condition as a result of our care. Current outcome data will be released nationally so that the public knows how we are measured and how we are performing.

Outcome measures include the patient's ability to manage oral medications and resume independence in such areas as getting around the home, dressing oneself, and managing personal hygiene. Additionally, through our assessments and teaching, we strive to minimize a patient's need to seek emergency care or re-admission to the hospital for acute care.

Ongoing education is key as we continually strive for clinical excellence. Through our measurements we are evaluating our clinical practices and focusing on areas to improve continually our quest for excellence. It is a journey, not a destination, and one we embrace.

Why Hospice? Why A Visiting Nurse?

There comes a time when a person with a life-threatening illness decides to forego curative treatment. When this time comes, Hospice can help improve the quality of life for the patient, their family, and continue support for the family after the time of death.

The Visiting Nurse Alliance helps people be more independent, teaches them how to manage their recovery and illness, and educate families and communities about how to help each other.

VOICES 2003!

Voices heard round the world.

Year-end Message

Hospice Director's Corner



In early 2003, 26 patients were enrolled in our Hospice program; now we serve on average approximately 40 to 50

patients per day. We feel gratitude that more families in our area are taking full advantage of what hospice offers at the end of life.

To keep pace, we are making improvements to share with you.

Our Staff

Dr. Daniel Stadler, our Hospice medical director has been in our hospice program since 2001 and has significantly increased his time to the Hospice program. Four full-time, dedicated hospice nurses are a part of our interdisciplinary team of our medical director, social work, skilled nurses, therapists, clergy and volunteer and bereavement coordinators who meet weekly to review patient progress and care.

Our Systems

We know that excellent customer care matters, and that's our pledge. Our current initiatives include: installing an 800 number dedicated to Hospice patients and their families with a skilled hospice nurse at the other end; using technology to trim paper work allowing nurses to spend more time with patients, and increasing our communications with non-hospice patient-care professionals to better understand how hospice can help their constituents.

Our pledge

As technology advances, reimbursement systems are unpredictable, and public awareness of the benefits of hospice increase, we pledge to be the best we can be. That means always thinking about continually improving what we do for the benefit of the families we serve, attracting and retaining the best staff, and staying financially sound.

Wendy Bayles Aljeet, RN, BSN

October 4 was a spectacular day around the globe to celebrate the hospice movement. The Voices 2003 program, a day of choral celebration of hospice, was feted in over 40 countries, and most notably here, locally.

The Hospice board and Voices Co-Chairs Deming Holleran and Walter Parker were joined by over 200 at a patron reception at the AVA Gallery. After the reception, over 400 guests gathered to listen to the a cappella music of Counterpoint, led by noted composer, director and arranger, Robert de Cormier. This was Counterpoint's first benefit concert. The director and all chorists agreed in unison to support our Voices and Hospice!

With special thanks to the event sponsors, Voices 2003 did what it set out to do: raise funds and awareness.

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80% of Americans prefer to die in their homes, free of pain, surrounded by family and loved ones. Hospice makes this happen.



Former Springfield Area Hospice Board Members (L to R): Nancy Sinclair, Shirley Flanders and Deborah Luse

New Partners: Springfield Area Hospice

Whether one is talking of a volunteer hospice (providing volunteer and bereavement support for patients and families) or certified Hospice (providing the skilled medical and clinical care, along with volunteer and bereavement), hospice started and continues to be a very grass-roots, community-based program.

A strong collaboration grew in the Springfield, VT area in the last decade between two such organizations. While the Springfield Area Hospice (SAH), an independent 501-(c)-3, provided the volunteer and bereavement support to area families, VNA Hospice provided the clinical component of hospice care, not provided through the Springfield Area Hospice. Over time, the burden of administrative requirements became too costly for SAH, and its board decided to join in partnership with VNA Hospice.

This partnership was affirmed in the early fall 2003 by both boards. SAH board members Nancy Sinclair and Deb Luse have joined the VNA Hospice board, and Carla Kangas, the SAH program director, joined VNA Hospice staff.

Why do this? To allow Carla to spend more time in the field with families and volunteers by eliminating the administrative burdens from her time, and enhancing the coordination of care.

Hospice Board

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