



At Home With Care

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MISSION

Our hearts, skills, 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.



People have choices in life even at the end of life.

"People hear 'terminal illness' and think they have nothing left," explains Donna Soltura, hospice social worker for the VNA & Hospice. "They have so much life left. We help them recognize this and realize these choices."

The modern hospice movement started in England in 1967, at St. Christopher's Hospice with the basic philosophy, "Live fully until you die." This is the foundation of our Hospice program which serves more than 350 patients and their loved ones each year.

THE HOSPICE FOCUS

"As a nation we can do a much better job of providing care for the terminally ill," says Dr. Daniel Stadler, vice president and medical director of the Hospice Program at the VNA & Hospice of Vermont and New Hampshire. "Too many people are dying in the hospital when they want to be at home. Too many people are dying in pain because too few medical personnel are trained in palliative care."

Palliative care enhances comfort and improves the quality of life for families and patients facing terminal illness. Hospice is a key element of this care.

"Palliative care is effective because it is inclusive," explains Dr. Stadler.

"Physicians, caregivers, the hospice team and, most importantly, the patient/family participate in assessing needs and setting goals."

The primary goals of hospice are:

- *pain and symptom relief*
- *crisis prevention*
- *caregiver support*
- *helping patients live fully through the final day of life*

"Most often when we hear the words 'pain and symptom management,' we think only of the physical hurt," explains Linda Covert, executive director of Hospice. "But people who are dying and those that love them have complex needs that hospice is trained to care for – the social, emotional and spiritual as well as the physical."

The Hospice Program is effective because of the skill and dedication of a team of professionals. Dr. Daniel Stadler, who is responsible for patient medical care and outreach to the medical community, and Linda Covert, who oversees the administrative, clinical, and regulatory elements of the program, are supported by a paid staff of 20. This includes nurses, social workers, volunteer and bereavement coordinators, physical, occupational and speech therapists, home health aides and clergy.

In addition, Dr. Stadler is a board certified specialist in hospice and palliative medicine, which recognizes his knowledge of the most current care protocols. Linda Covert is a certified hospice and palliative care, advanced practice nurse with first-hand experience in caring for the terminally ill.

QUALIFYING FOR HOSPICE CARE

"Sarah" developed cancer in her mid-30's. Her strength and resolve to beat this challenge enabled her to get through episode after episode of illness

illness for which there is no cure, with a determination that s/he has six months or less to live. "Hospice is not just for people with cancer, as many believe," explains Dr. Stadler. "Any life-threatening illness, Alzheimer's, end-stage cardiac or pulmonary disease, or significant debilitation may also meet eligibility requirements."

Friends, family and patients themselves can initiate hospice by calling to request a consultation or informational visit. If the consultation determines a person is qualified, our program's medical director will

can about managing chronic illness or planning for financial security in their senior years, learning about Hospice can provide options for quality of life care," advises Linda Covert. "If Hospice care is understood before the medical crisis requires it, people will be in a better position to make the most effective and life-affirming decisions for hospice and palliative care."

STEPS IN CARE

Even before Sarah left the hospital, her hospice care team was organized and began to focus on the needs for equipment and medication that would enable her to be at home.

A patient can best be cared for on all levels when the physical symptoms are alleviated. That is why the first priority is to manage the pain. A "Comfort Kit" of medications is immediately put in the home. In cases of severe pain, the Hospice Program has the services of a specialized pharmacist to compound medications in a form that works best for the individual's and the caregivers' needs.

When Sarah developed severe nausea which threatened to send her back to the hospital, several medications were tried without success. The VNA Hospice team, through consultation with the hospice pharmacist, was able to devise a compound of four medications in the form of a cream, easy to administer and readily absorbed. Her nausea was alleviated, allowing care to continue with more comfort for Sarah and less stress on her caregivers.

Initially, a nurse visited Sarah twice a week. In addition to providing medical care, she talked regularly with the family and friends Sarah had included to help them understand the physical changes she would experience. The nurse taught them to administer medication and provide other physical care. They were informed about our 24-hour hotline, staffed by a nurse. The hotline provides immediate consultation for the crises that may occur with someone in the most fragile physical condition.



and treatment. Unfortunately for Sarah, her family, and many close friends, by the time she was in her 50's, she confronted another phase of the disease and this time her extraordinary strength was not enough.

Her physician referred her to the Hospice Program. Spending her last days at home was of paramount importance to Sarah and her loved ones, yet the complexity of her medical needs meant that if she was to avoid a return to the hospital, a comprehensive plan of care was needed. The VNA & Hospice would develop that plan.

People are most often referred to our Hospice program by their physicians. To be eligible, a person must have an

contact the attending doctor for a referral. In addition to care at home, people can receive services in a nursing home, assisted living facility, or a hospital.

The services provided are specific to each individual's needs so every plan of care is different. The presence of an in-home caregiver and a DNR – Do Not Resuscitate – order is not necessary to qualify. Regulations require that a patient's condition be re-evaluated at specific intervals to verify the need for continued care. The cost of these services is generally covered by Medicare, Medicaid, or private insurance, but individuals qualify regardless of ability to pay.

"Just as people wish to learn all they

In addition, the Hospice nurse helped Sarah understand the changes and the challenges she would face so this very independent person would be comfortable with her loss of independence and the need to ask for help.

Sarah's hospice team included a physical therapist to teach her family how to keep her muscles and joints moving; a home health aide who would bathe her and care for her skin; and a social worker whose role was to listen and help work through change and stress in relationships as well as assist with financial and funeral arrangements.

The patient's care team meets every two weeks to review and revise the individualized plan of care. The team includes the hospice medical director, nurse, social worker, bereavement coordinator, trained volunteer and clergy who interact with the patient/family. Other service providers such as speech and occupational therapists may be included if specialized assessments and support are needed. Consultation with the attending physician is important to sustaining this plan.

"We focus on being proactive and anticipating changes in a patient's condition," explains Dr. Stadler, "We are prepared to avoid a crisis which can lead to emergency hospitalization."

SPECIAL CARE

The strongest element of the Hospice Program is not listed in our definition of services: compassionate care. The agency frequently receives testimonials from patients and their families about the special, personal relationships they develop with our clinicians.

At first we were uncomfortable with having strangers involved in the most intimate aspects of our life, but that discomfort was quickly displaced by the wonderful people who became part of our family.

When our nurse arrived at our home, it was like the sun radiating in.

She did her job so well that when she left for the day, the patient and the

family all felt great, well cared for.

When the dying phase began, our nurse was a pillar of strength and comfort to us all.

EXTRA HELP

Our Hospice program would be unable to provide the range of support it offers without a strong, dedicated group of volunteers. "Volunteers offer compassion and care to terminally ill persons and their families," explains Carla Kangas, Central and Southern Region Volunteer and Bereavement Coordinator. "Their visits allow the caregiver to take time to leave the home to run errands or just spend quiet time alone. Volunteers will also read, converse, share a hobby, write a letter and do other activities requested by the patient and the family. Our program and our patients are enriched by their involvement."

Anyone can volunteer for the Hospice Program. People are interviewed to determine their interests and to help them understand the special challenges of this work. The 20-hour training program includes sessions on physical

needs of the dying, active listening skills, spirituality, family dynamics, and bereavement care. Nursing skills are not required. What is required is a sincere desire to help people during a difficult time in their lives.

THE PATIENT'S ROLE AND LEGACY

Many people are surprised to know how much of a role a person has in determining and directing the care and services they receive in the Hospice Program.

"We are there to support their goals and interests, not to tell them what to do," explains Donna Soltura. "As a social worker, my role involves helping people set goals by expressing what is most important to their physical and emotional comfort. We give them a sense of control at a time when their disease is out of control."

The Legacy Project supports a person's involvement. One of the most unique aspects of our services is belief in the potential for growth and resolution at the end of life. We value our patient's perspectives and appreciate the unique story that is their life. We will work with a patient



to produce a tangible "legacy" for their loved ones. This might be a videotape of reminiscences, a recorded memoir, a collage, or some other art project that reflects a life story. Our volunteers facilitate the development of each individual remembrance through activities such as taking dictation, making photo collages, or writing letters.

HELP WITH GRIEVING

Very early on, through the intervention of the social worker and clergy, the focus is on determining the level of help people need in dealing with their emotions. Counseling is available before death, at the time of death, and following a patient's death.

Sarah had two daughters who had

family and friends and makes phone contact to offer support. The VNA & Hospice also offers a regular schedule of support group meetings. Every year, in April, community education programs are given in our service area to help people better understand the impact the death and dying experience can have on our lives.

In most difficult cases, adults and children are referred to counseling resources in their community.

THE FUTURE'S CHALLENGE

As the population ages, the demand for hospice care will significantly increase. People want to spend their final days at home, among loved ones and friends. The VNA & Hospice continues to improve the efficiency and effectiveness of its services through innovative medical care and the use of technology to ensure that people will be well-served.

A key partnership for the VNA & Hospice has come from a formal link with the Palliative Care Program at Dartmouth-Hitchcock Medical Center. Our medical director, Dr. Stadler, calls on its patients while the Center's physicians are available for consultation any time of the day or night.

To ensure our Hospice staff utilizes the most current treatment and care techniques, ongoing training is provided on end-of-life care.

Our Hospice Program also faces challenges in funding. Some of this is addressed locally through the generous contributions of people and towns in the communities we serve. The toughest challenges, however, require changes to state and federal healthcare programs.

Current Medicare reimbursement rates, for example, are based on

hospice care costs from the 1980's. More effective but more expensive medicines and treatment procedures have been developed to manage symptoms. Our Hospice Program is able to provide the best care available despite this reimbursement rate because of the generosity of individuals and communities.

Also impacting the use of hospice care is the current eligibility criteria: "6-month lifespan if disease runs its normal course." This has become an artificial barrier to qualifying for services. "It is difficult to be that precise with a diagnosis," states Dr. Stadler, "Too many people are being forced to choose between medicines that prolong life without curing the disease and giving up those medicines to have the full scope of physical, spiritual, and emotional support. Consequently, too many people are referred too late for us to provide optimum care."

A better course for hospice-related healthcare policy is to adopt the model used by the British and Canadian health systems which allows a patient to receive hospice services at any point in their terminal illness, without a time limit. This would give doctors and hospitals more flexibility in treatment and offer greater benefit for the whole person.

Providing the highest quality, most compassionate hospice care will continue to be the goal of the VNA & Hospice of Vermont and New Hampshire despite the regulatory and financial challenges we face.

"It's an honor to be invited to share in peoples' lives, to help them find peace and fulfillment at a time when they thought that would be impossible," concludes Donna Soltura. "It's a huge responsibility but one each of us relishes."

For information

on Hospice

Services call

800-575-5162

just begun to be independent and to define their lives. Her social worker talked with her about what she wanted to say to them because she would not be at college graduations, or at weddings, or at the births of her grandchildren. She helped Sarah to express her special feelings and that bit of parental guidance and love which needed to be shared while Sarah had the strength.

For her husband of many years, focusing on the beauty of their relationship and sharing in the appreciation of all they did and all they built together became a vital part of the life Sarah had left to live.

After death, the Hospice Program sends bereavement readings to close



www.vnahospicevtnh.org

We are pleased to announce that our web site has a new look and new and improved program information. We urge you to log on and take a look. Please send your comments on the site to: mark.karl@hitchcock.org



THE PRESIDENT'S MESSAGE, SPRING 2005

Each year, the VNA & Hospice submits requests

for funding to all 86 towns we serve in Vermont and New Hampshire. In 2004, we were fortunate to get funding from each town. This support is critical to help pay for services to people who are not covered by private or government insurance programs and do not have the means to pay for our services. As a community safety net, much like the local fire department, we must be prepared to care for anyone who qualifies regardless of their ability to pay.

Town funding totals about 3% of the agency's operating budget, or well over \$600,000 per year. The amount requested from each town is based on the population of that town. The process for getting in a town's budget appropriation varies in complexity but in each instance requires the help of large corps of volunteers.

A total of 77 staff, board members, Overseers, former patients, patients' family, hospice volunteers, members of our Friends groups, and compassionate residents of our communities offered to gather signatures in the fall for our budget petitions and to speak on our behalf at hearings and town meetings. Reports are that most of the 86 towns have approved the amount we requested, though final results are not yet available.

Each year I am overwhelmed by the outpouring of help we receive from these volunteers. Their dedication to our work is central to the strength and success of this agency. I thank each of you who helped for your time, commitment, and valiant support.

Susan H. Larman
President and CEO

GIFTS IN TRIBUTE

HONORING PEOPLE BY HELPING OTHERS

THE VNA & HOSPICE HAS DEVELOPED A SPECIAL KIT TO MAKE IT EASIER FOR PEOPLE TO SEND US TRIBUTE GIFTS. THESE CONTRIBUTIONS ARE MADE IN HONOR OR IN MEMORY OF A SPECIAL PERSON OR A SPECIAL EVENT IN SOMEONE'S LIFE.

GIFTS MAY ALSO BE MADE IN RECOGNITION OF OCCASIONS SUCH AS:
BIRTHDAYS • ANNIVERSARIES • GRADUATIONS • MARRIAGES
HOLIDAY • OTHER CELEBRATIONS

A TRIBUTE GIFT IS A PERFECT WAY TO THANK A FRIEND, FAMILY MEMBER, NURSE OR OTHER HEALTHCARE PROVIDER.

THIS KIT INCLUDES ENVELOPES FOR SENDING YOUR GIFTS.

IF YOU ARE INTERESTED IN RECEIVING ONE, PLEASE CALL THE DEVELOPMENT OFFICE AT 802-296-2838, EXT 1029.

AT HOME WITH...SAFE SURROUNDINGS

Many older people fall because of unsafe surroundings at home. Use this checklist to safeguard your home – or a friend or family member's home.

Stairways, hallways, and pathways should have:

- good lighting and be free of clutter
- firmly attached carpet or rough texture or abrasive strips to secure footing
- easy to grab handrails on both sides of all stairs
- light switches at the top and bottom of the stairs

Bathrooms should have:

- grab bars placed both in or out of tubs, showers, and near toilets
- nonskid mats, abrasive strips of non-slip carpet on all surfaces that get wet
- nightlights

Bedrooms should have:

- nightlights or light switches within reach of the bed
- carpet or area rugs firmly attached to the floor
- telephone and flashlight near the bed

Living areas should have:

- electrical cords and telephone wires placed away from walking paths
- rugs well secured to the floor
- furniture positioned to allow for wide walkways
- couches and chairs at proper height to get in and out with ease

If living alone, VNA & Hospice recommends:

- daily contact with at least one other person
- a medical monitoring system such as Lifeline, or a portable telephone to carry with you at all times

REGIONAL NEWS

The Visiting Nurse Association & Hospice of VT and NH coordinates its patient and community services from three regional offices: North located in Lebanon, NH which serves towns in New Hampshire and Vermont; Central in Springfield, VT and South in Brattleboro, VT.

For patients and staff, regions preserve the long-standing tradition of community-based health and hospice services. For volunteers, regions enable involvement in their communities. As we launch this new section in our newsletter, we thank the staff and volunteers in the North, Central, and South regions for their professionalism, compassion, and innovation – the hallmarks of our work.

4 EVENINGS: HELPING CHILDREN UNDERSTAND DEATH AND DYING

Every April, the Hospice program of the VNA & Hospice of Vermont and New Hampshire and area healthcare providers hold an informational program for the public to increase understanding of death and dying.

This April, Virginia Lynn Fry, in a program titled *Helping Children Understand Death & Dying*, will help adults see loss and grief through the eyes of a child.

The purpose of this interactive program is to provide the tools and support to understand and to help terminally ill children and adolescents and to support those that are helping children work through difficult times with loss.

Caregivers, educators, medical professionals, counselors, adolescents 14 and over, parents and grandparents will learn grieving techniques that they will be able to transfer to their own settings and circumstances.

Ms. Fry has over 24 years of experience working with hospice patients and families. A dynamic communicator in her field, she is the Director of the Hospice and Palliative Care Council of Vermont, Bereavement Coordinator for Central

Vermont Home Health and Hospice, and adjunct faculty at four Vermont colleges. Her award-winning book *Part of Me Died Too* offers strategies for guiding children through their grief.

There is no charge to attend the program thanks to generous funding from Hypertherm Incorporated of Hanover, New Hampshire.

Please see your *Regional News* section for dates and times the program will be in your area.

TELEMONITORS AVAILABLE IN ALL REGIONS

More than 50 telemonitor machines are now in use in throughout the VNA service area and more are available for use in patients' homes. These machines, the size of a small clock radio, remind the patient each day to take specific measures related to her/his medical condition, such as temperature, blood pressure, blood oxygen and weight. A nurse monitors these reports which are transmitted on phone lines. Action can be taken immediately if the patient's reports vary from their normal readings. This enables a nurse to respond without making a home visit and reduces the need for doctor or hospital visits. People who benefit most from this technology include those with congestive heart failure, coronary artery disease, diabetes, or chronic obstructive pulmonary disease. If you are interested in learning more about this service, please call the VNA and Hospice referral line, 800-575-5162.

NORTH REGION

Providing home care and hospice service to the towns in Grafton County, New Hampshire, and to Randolph, Bradford, Hartford, and Woodstock and surrounding towns in Vermont.

HOSPICE COMMUNITY EDUCATION PROGRAM

Helping Children Understand Death & Dying (See article on this page.)

Offered Twice in the North Region!

Monday, April 4
7:00 to 9:00 pm

DHMC, Auditorium E&F,
Conference Rm West,
Lebanon, NH
A collaboration between VNA & Hospice and DHMC

Thursday, April 7
7:00 to 9:00 pm
Gifford Medical Center,
Randolph, VT
A collaboration between VNA & Hospice and Gifford Medical

WELLNESS CENTER IN WOODSTOCK

In Barnard, Pomfret, Bridgewater, Woodstock, Hartland, Plymouth, and Reading watch for a new brochure promoting the Wellness Center with a quarterly insert on prevention/education programs coming soon! Blood pressure checks, foot care, cholesterol screening, blood sugar checks, and medical counseling at the Wellness Center are ongoing. Please call 802-457-3208, Ext 6007 for information.

CENTRAL REGION

Providing home care and hospice service to Springfield, Vermont, and surrounding towns including Weathersfield, Bellows Falls, Townshend, Londonderry, and the Stratton Mountain area.

HOSPICE COMMUNITY EDUCATION PROGRAM

Helping Children Understand Death & Dying (See article on this page.)

Wednesday, April 6
7:00 to 9:00 pm
Green Mountain High School, Library
Chester, VT

SAFE STEPS IN YOUR AREA!

The VNA and Hospice is introducing the Safe Steps program to select towns in the Central Region including Chester, Springfield, Grafton, Rockingham, Bellows Falls, Saxtons River, and Westminster. Safe Steps is a home assessment and modification program that can reduce your chances of being injured in a fall. We will identify potential hazards and suggest on-the-spot improvements. Call Eileen Katchen at 800-858-1696 to schedule an appointment. The program is made possible by a grant

from the Holt Fund and with assistance of Keene Medical Products and private donations.

Do you experience dizziness, unsteadiness, frequent or near falls? You are invited to a free balance screening. Find out how you can reduce your chances of falling and improve your balance.

Saturday, April 23

10:00 am to 2:00 pm

Springfield Senior Center

Pre-registration is required. Please call Eileen Katchen at 800-858-1696.

SERVICE OF REMEMBRANCE

This remembrance service provides an opportunity for family members, hospice staff, volunteers and community members to come together and celebrate the lives of those who have died. Through the remembrance service, we can acknowledge the feelings of loss

and hope that we all share. The celebration of life honors our loved ones with music, readings and meditation.

Service of Remembrance

Sunday, June 5

2:00 pm

at the Rockingham Meeting House,
Meeting House Road, off RT 103,
Rockingham, VT

SOUTH REGION

Providing home care and hospice service to Brattleboro and surrounding towns in the southeastern corner of Vermont including Stamford, Searsburg, Readsboro, Dover, Wilmington, Whitingham, Marlboro, Halifax, Putney, Dummerston, Brattleboro, Guilford, and Vernon; as well as Chesterfield and Hinsdale in New Hampshire.



HOSPICE COMMUNITY EDUCATION PROGRAM

Helping Children Understand Death & Dying (See article on the preceding page.)

Tuesday, April 12

7:00 to 9:00 pm

at the Brattleboro Retreat,
Education Conference Center
Brattleboro, VT

A collaboration between VNA & Hospice and Brattleboro Area Hospice

BLOOD PRESSURE CLINICS

You are invited to have your blood pressure taken and to discuss any related issues with a nurse. The free clinics are held regularly each month in Guilford, Dummerston, Brattleboro (Elliot St Hi Rise & Melrose Terrace), Newfane, and Vernon. Please call 802-257-4390 for up-to-date locations and times.

PEOPLE HONORED AND REMEMBERED IN 2004

Last year we received over \$67,000 from people in memory of loved ones and friends who died during the year. Following is a list of the individuals remembered. We are grateful to everyone who made this special gesture.

Roland Abbott	William Chandler	Olive Fransen	Doris Jorgensen	Janice Nacel	Angeline Slade
Marjorie Abramson	Christine Chevalier	Norma Fullam	Gordon Joslyn	Jaime Needham	Ed Smith
Audrey Adams	David Clogston	Ronald Fullerton	Arielle Just	Raymond Neronsky	Gordon Smith
Greta Adams	Fred Cohn	Ermo Furlani	Mildred Kennedy	Brian Newton	Raymond Stearns
Wallace & Hazell Adams	Gladys Comstock	Gay Gahagan	Mr. Russell Kincaid	James Nicholson	Dawn Stillwell
Harvey Allarie	Paul Coolidge	Florie Gell	C. Wesley King	Donald Niles	Walter Stockmayer
Marian Amidon	Debbie Cooper	Etta Gillen	Milton Kirby	Barbara Nolan	Ms. Jessie Storms
Ellen Andrews	Virginia Cote	Gladys Gleason	Elsie and Edward Knight	Margaret Nusbaum	Grace Strickland
Ms. Norman Andrews	Edwin Culver	Frank Goldsmith	Madeline Knisley	William Nutbrown	Hazel Mae Sunn
Wallace Anthony	Raymond Cutting	Barbara Goodrich	Jay Koerner	Wallace Olsen	Winona Sutherland
Coleman Asinof	Gretchen Daggett	Jeanne Gordon	Nancy LaDuke	Estelle Olson	Bill Tansey
Virginia Aufranc	Harry Daigneault	William Gosselin	Ernest Lacross	Beatrice Oneido	William Twell
Kenneth Austin	Mark Dalton	Bertha Gould	Donna Lambert	Carleton Osgood	Mary Tierney
Derika Avery	Emilia Dassatti	Kenneth Gould	George Lapine	Virginia Paepke	Howard Townsend
Earl Barr	Jane Davis	Ronald Grace	Frank Lather	Eleanor Paine	Judy Tucker
John Bassett	Eva Decota	Richard Gray	Josephine Latuga	Eleanor and Dwight Paine	Margaret Tuomisto
Jennie Beauregard	Mary Delyo	Kay Greeley	Charlotte Lee	Dorothy Parkington	Barbara Tuttle
Claire Bedorpha	Leslie Dodge	Alex Greene	Bob Lemmon	Floyd Perkins	Bert Tyler
Michael Beebe	Leslie (Hoppy) Dodge	Anne Greron	Pricilla Leonard	Marion Pero	Edward Tyler
Alice Benesch	John Donovan	Doris Hagerern	Amy and Lewis Berner	Wilbur Pfenning	Richard Van Keuren
Nancy Benjamin	Alice Doran	Alvina Harrington	David Lihatsh	Helen Pierce	Eleanor Vannucci
George Bennette	Stewart Downs	Mary Haselton	Buttrick Lois	Mary Punt	Theodore Vietje
Eldridge Bermingham	Rodney Dunbar	Ms. Mary Haselton	Delores Lombard	Ada Record	Maude Vogel
Mary Lou Binzen	Joyce Duncan	Robert Hayden	John Lord	Gloria Reed	William Voorhees
Mr. Charles Bippart	Peggy Dutcher	Jean Hennessey	E. Sherburne Lovell	Madeline Reid	Arve Waagen
Flora Blake	Arlene Eastman	Howard Hermann	Richard Lowe	Stanley Rice	Helen Waisanen
Beth Borders	Mildred Edwards	Virginia Herschel	Barbara Lucas	Donald Rich	Kenneth Waite
Frank Bradley	Linnea Ekberg	Phyllis Hollander	Judy Lunsford	Doug Richards	Verna Walbridge
Ferris Bridge	Robert Estabrook	Laura Hough	Ulysses Lupien	Douglas Richards	Kenneth Walker
Lillian Brintnall	Herbert Evans	Alvin Howard	George Lyford	Raymond Roberts, Jr.	Anthony Wallace
Walter Brooks	Everett and Dee Nellie Farr	Audrey Howard	Lael Mancib	Imogene Robinson	Richard Wallace
Antoinette Brown	Arthur Farrar	Bert Hubbard	Joanna Manning	Earl Rogers	Patricia Walsh
Mr. Richard Brown	Stanley Farrar	Fred Hudkins	Weaver Marguerite	Ernest Rogers	Marian Weaver
Richard Brown	John Fayward	W. Freel (Bear) Hudkins	Stella Martin	Pauline Russell	Helen West
Phillip Buchert	Charles Fellows	Paul Huntoon	Charolotte Mccanna	Martha Saldicco	Lois Wetherbee
Neil Bull	Gerald Fielder	Lester Huse	Francis Mills	Steven Salls	Muriel Whitney
George Bushey	Edith Fisher	Jessie Ibe	Lorraine Milweski	Helen Sanborn	Natalie Whitney
Addie Bushor	Edith Fisher	Al Izzo	William Misci	John Sayward	Leonard Williams
Myron Buskey	Tim Fontaine	Maynard Jackson, Jr	Melvin Mishkit	Simone Scott	Irma Wilson
Robert Butler	Dascomb Forbush	Norman Jaycox	Lorraine Morancy	Charles Shattuck	Marian Wood
Lois Buttrick	Mr. Kenneth Ford	Anne Jenks	William Mosenthal	Leroy Shaw	Raymond Wood
Doris Buzzell	Glenn Foster	Earl Johnson	Marion Moulton	Howard Siegel	Paul Wormwood
Beatrice Canfield	Polly Fountain	Louise Johnson	Barbara Murphy	Jean Simon	Alice Wright
Eleanor Carver	Polly Fountain	Douglas Johnston	Edgar Musty	Peter Skibniowsky	Jean Wright
Ruth Celotto	Kira Fournier	Dorothy Jones	Mildred Myre		



VISITING NURSE ASSOCIATION & HOSPICE
OF VERMONT AND NEW HAMPSHIRE

46 South Main Street
White River Junction, VT 05001-7199

Nonprofit
Organization
PAID
Permit No 120
White River Jct
VT 05001

Visiting Nurse Association
and Hospice
of Vermont and
New Hampshire

Headquarters

46 South Main Street
White River Junction, VT 05001
802-295-2604
Fax: 603-448-1599
www.vnahospicevtnh.org
Referrals: 800-575-5162

North Region

325 Mt. Support Road
Lebanon, NH 03766
603-448-1597

Central Region

366 River Street
Springfield, VT 05156
802-886-2500

South Region

One Holstein Place
Suite 311
Brattleboro, VT 05301
802-257-4390

UPCOMING EVENTS

SUPPORT GROUPS

Springfield, Vermont • Ongoing bereavement support groups meet the 1st and 3rd Mondays of each month. Call 802-886-2525.

Lebanon, NH • Compassionate Friends group for bereaved parents, meets the 2nd Tuesday of each month at 7pm. Call 802-949-3091.

Lebanon, NH • Survivor's of Suicide group meets the 2nd and 4th Thursday of each month, from 4:30-6:00pm. Call 802-886-3110, Ext 3113.

Norwich, VT • Widowed Persons support group meets the 1st and 3rd Tuesday of each month at 6pm. Call 802-649-3378.

HOSPICE COMMUNITY EDUCATION PROGRAM

Lebanon, NH • Randolph • Springfield, VT • Brattleboro, VT

'FOUR EVENINGS IN APRIL'

*Seminars on issues around death and dying.
Check Regional News for dates and locations.*

Go to www.vnahospicevtnh.org for a full listing of events!