



# 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.*

## BEHIND THE SCENES OF CARE



*"Joe," a patient in his mid-70's was about to be released from the hospital. He had spent several days being treated for pneumonia and chronic obstructive pulmonary disease (COPD) which challenges his breathing under the best of circumstances. He was very weak and needed ongoing monitoring after his discharge.*

*Joe lived alone in an apartment. He had a son nearby who visited regularly but could not provide the medical attention. The hospital discharge planner would make a referral to the Visiting Nurse Association & Hospice of Vermont and New Hampshire for this fragile patient.*

*Joe's referral will be one of almost 6,000 the agency will receive in 2006. As the "safety net" for community health care, the VNA serves children and adults with medical needs in their homes where most prefer to be treated.*

## WHERE IT ALL BEGINS

Before services begin in the home, many activities occur. These activities are coordinated at the hub of VNA care -- the regional office.

"Our goal is to deliver high quality, patient-centered health care. The best care is coordinated and managed at the community level where services are delivered," says Mary Oberly the director of the South Region Office of the VNA & Hospice in Brattleboro, Vermont. "Having a physical presence in the community with staff that lives in the area and can adapt to the special local needs is important to meeting our goals."

The VNA & Hospice has three regional offices --- the North in Lebanon, NH provides patient care in 46 of the 86 towns served by the agency; the Central Region in Springfield, VT serves 22 towns and the South Region coordinates care in 18 towns. Delivering quality service is an administrative and a financial challenge as well as a clinical one.

The regional office staff must meet these challenges every day of every year.

Directors of the regional offices oversee all the diverse and complex elements of caring for thousands of patients. As such, they are responsible for meeting quality goals in an efficient and cost-effective manner. They must communicate and uphold the many regulations

appropriate time you have to be creative and flexible."

### CARING FOR JOE

To provide continuing medical care for Joe, the hospital contacts the VNAH's Referral Services. Demographic information on the patient, diagnosis and doctor's orders are entered into Horizon, the agency's electronic patient record.

Following new admissions and preparing daily schedules for nurses and therapists brings Caitlin Cheslawski into the office at 7 each morning. She reviews all referrals for urgency and complexity with Mary. She will call Joe, as she does all new patients, to confirm when he will be available. She then sets the appointment and identifies the nurse or therapist who will do the admission.

"Mondays and Fridays are the busiest," Caitlin admits. "That's when most patients are released to our care. Scheduling becomes more challenging."

If people won't be home for a visit, it is the scheduler who gets the call and makes adjustments. She coordinates visits for about 100 patients with a constant view to making the best use of the clinician's time, enabling them to meet daily goals for the number of patients seen.

Caitlin's work is made easier by an electronic scheduling system that shows all assigned and unassigned visits so Caitlin can identify the appropriate clinician who can visit the new patient within the 48-hour time period established as the standard for completing new patient assessments.

### THE HUB BUZZES

By 8 am each day, the regional office atmosphere could be described as controlled frenzy. Clinicians come in to get their schedules, download patient data for the previous day's visits from their laptops and contact the patients they will see that day. Phones ring, mini conferences start up, questions are raised and answered. The "army" prepares to hit the field, gathering needed equipment and medical supplies.

In Brattleboro, Debbie Waryas, the receptionist and gatekeeper monitors the comings and goings of 38 patient care staff. Each clinician leaves a daily schedule. When she must find someone quickly, she knows where they are.

"If a clinician needs help contacting a patient before the visit, I'm the one

### HIGH QUALITY HOSPICE CARE WHEREVER YOU ARE

The number of people receiving compassionate care and support from the agency's Hospice program continues to grow. Towards the end of 2005, an average of 75 patients relied on our Hospice team every day. We provided care to half that many in 2004. Now, in 2006, we expect to increase the number to 110 patients on an average day by year-end.

What will we be doing differently? The Hospice program will extend its reach to those facing end-of-life transitions in long term care or intermediate care settings. The Journal of the American Medical Association cites that nearly half of all Americans who live to 65 years of age will enter a nursing home before they die. Nursing facility residents and their loved ones have complex social, emotional, physical and spiritual needs that hospice is trained to care for. The VNA & Hospice will develop strong relationships with local providers to ensure that there is full access to our wide range of Hospice services. The Hospice interdisciplinary care team will be available as a resource to facility staff on end-of-life issues, at the same time offering specialized expertise in pain management and psychosocial support for residents and families.

To support growth in this direction, Executive Director of Hospice Linda Covert has focused on recruiting skilled nurses, social workers, chaplains, aides, and leadership for a new specialized Facilities Team. Donna Soltura, who started with the VNA & Hospice as a social worker before moving into Hospice patient care management, will be leading the Team as Hospice Patient Care Manager for Facilities. As a patient advocate she has earned the respect and trust of families and coworkers and will play a critical role as our program moves forward through exciting growth. Through our Team's continuing efforts, a quarter of the Hospice patients we will serve this year will be those living in nursing facilities. Our commitment to higher quality of life at the end-of-life will remain the same, wherever the patient calls home.

and agency policies and procedures that govern care. At the same time they support a staff that is in face-to-face contact with patients, families and other caregivers with differing needs and demands. They do what it takes to get the job done.

"My job is to support my staff and make sure they have the resources they need to succeed in their jobs," Mary Oberly explains. "With the staffing challenges we face, to ensure that patients get seen at the

All referrals must have a medical need for service. Referral Services notifies Lisa Bergeron, the patient services coordinator (PSC) at the Brattleboro office, who checks that the data in the record is complete. She forwards the referral to Mary who directs the scheduler to assign the patient to a nurse or a therapist for the admission visit. Lisa will also be responsible for making sure all source document information is in the patient record through the time he is discharged.

who is called to make the contact," Debbie explains. "Our text messaging pager keeps us from playing phone tag and saves a lot of time."

Debbie's responsibilities include tracking the status of care plan documents requiring a doctor's signature. She also ensures that calls from patients, nursing homes, hospitals and physicians receive a same day reply. Some patients who live alone will phone Debbie several times a week just to talk. "I think that's neat!" she says of the role that's not in her job description.

### OPERATING EFFICIENTLY

Ensuring effective administrative support is the responsibility of the branch operations supervisor (BOS) In Brattleboro, Karen Podsiedlik supervises the schedulers, the receptionist and the patient services coordinator. She reviews staff payroll information, works with headquarters finance staff on billing and other payment information. Financial resources are critical to the agency's ability to effectively meet patients' needs and the BOS' role is to facilitate the flow of these resources.

"Everything I do affects billing," Karen explains. "Through my staff, I make sure all patient admissions, doctors' orders, visits, re-certifications and discharges are properly documented."

Since accuracy in documentation is so critical, Karen is a resource for the clinical staff who use the electronic patient record system. She provides training and answers questions that arise in documenting admissions and visits. She also generates financial and service monitoring reports for the director.

### ESTABLISHING A CARE PLAN

Based on the schedule prepared at the regional office, a nurse visits Joe in his home and performs a very structured evaluation that includes assessing vital signs, cardiac and respiratory functioning, cognitive and mental status, fall risk, nutrition, medications --- everything about his physical and emotional functioning and the safety of his surroundings.

The nurse, using a laptop computer, carefully enters this important data into the electronic patient record. The information is now centrally available. This is a critical step in the process of care management. Patient information is used to plan and monitor care, generate doctors' orders, procure supplies and medications, secure insurance reimbursements and track financial and service performance and quality improvement goals. All entries are carefully reviewed at the regional office by the patient services coordinator and by Scott Belt, the patient care manager (PCM) for accuracy and thoroughness.

From the information gathered during the admission visit, the nurse discusses patient needs with the physician and develops a plan of care which notes problems, short and long-term goals and nursing interventions. Notification of the completion of the admission is made on a special telephone line that is monitored by Lisa, the patient services coordinator. The ADT (admissions, discharge and transfer) line is the "hotline" for information from the clinicians delivering the services. It enables them to update patient status. The PSC then communicates with the scheduler to add or cancel visits as a result of these calls.

### AUTHORIZING CARE

The care plan as developed by the nurse or therapist in conjunction with the physician is sent to the patient care manager who checks it for accuracy and relevance. If there is incomplete or inconsistent information, these deficiencies must be remedied.

The completed plan is forwarded to Joe's physician for review and final approval. This signature will qualify his services for Medicare or other insurance reimbursement.

"People, including our patients, do not realize how much information we must gather, process and continue to gather in order to provide services," explains Mary Oberly. "Most of the patients we serve are covered by Medicare and the regulations and data requirements are enormous. Careful attention to detail and accuracy are crucial because this information determines which of the 80 reimbursement rates we will receive for our services. If we do not properly assess the complexity of a case, our expenses may not be covered."

### CARE TEAMS

Each patient is assigned to a care team which may include a nurse; physical, occupational and speech



therapists; social worker, home health aides and homemakers. The work of the team is supervised by a case manager who is responsible for about 30 patients. In the Brattleboro office, there are 4 case managers.

Joe's plan includes medical care for his breathing and heart problems. Each visit will focus on teaching him to manage his disease and to take the eight medications he requires daily. Vital signs will be checked for indications that his condition is deteriorating. The focus of the care will be to teach about the disease process, manage symptoms, prevent rehospitalization, stabilize his chronic disease and bring significant improvement to his quality of life.

Nurse case managers visit patients as part of their responsibility to supervise and coordinate care. During the visits the managers assess the patient's clinical, functional and emotional status to identify problems and progress toward goals. Every action and change affecting Joe's care will be documented in the electronic record. The physician must approve any changes in the plan of care, including medications, frequency and type of services provided. The case manager is responsible for seeing that accurate and timely reports and records are maintained on each patient.

Early on in Joe's treatment, he develops severe abdominal pain unrelated to his respiratory problem that requires hospitalization and emergency surgery. The reverse of the scheduling process takes place in the regional office. All visits are cancelled and clinician time is allocated to other patients.

When Joe is discharged another referral is made to resume services. The VNA re-evaluates his care plan and new orders are approved by the physician. Care is now focused on Joe's post-operative recovery and management of his respiratory problems.

## TEAMWORK

Case managers report to the patient care manager (PCM) who is the clinical lifeline in the regional office. While staff are in the field, visiting and



caring for patients, the PCM makes the contacts with physicians to secure approval of care plans and change orders as necessary. S/he facilitates the processing of insurance authorizations to secure maximum reimbursements. Communications with the regional director and with administrative staff and clinical teams are critical to ensuring that high quality, cost-effective services are provided. "The best patient care comes when we can create an environment that encourages teamwork and collaborative practice," explains Mary Oberly.

Care conferences are the weekly events that bring together clinicians in face-to-face contact and discussion. Run by the patient care manager, these meetings keep clinicians informed of changes in agency-wide policies, procedures and programs and of progress in achieving regional service and quality goals. They also are forums for discussing more complex cases and for identifying issues that impact service delivery across the region and the agency.

Joe's case is discussed at a meeting that takes place about 6 weeks after his admission to VNAH. A telemonitor has been placed in his home. This

small device is connected via a telephone line to a central nurse's station. Each morning, the machine prompts Joe to check his blood pressure to see if his hypertension is under control and determines if he is properly using his oxygen supply by measuring the oxygen level in his blood. Should any of these measures vary from acceptable, a nurse will call Joe and make adjustments to his medications or oxygen use in order to avoid a visit to the doctor or the emergency room.

Joe has been seen by an occupational therapist (OT) who focused on making activities such as bathing easier for him. The shower seat and hand held showerhead the OT recommended were ordered by the Brattleboro office for direct delivery to the patient.

In the care conference, it is determined that Joe needs to be evaluated by a physical therapist. He is very weak and still has significant breathing problems which limit his mobility. In addition, the social worker, Janice Malin, is trying to get his landlord to build a ramp to make it easier for Joe to get around.

Each change to a care plan and to a patient's status is documented in the electronic record either as a

change order or a clinical note which is reviewed by both the case manager and the PCM. Joe's case is complex --- cardio-pulmonary and intestinal problems; 8 medications; mobility and safety concerns all complicated by his refusal to discontinue smoking. His record has more than 20 change orders. Team involvement in reviewing this patient's case means that all disciplines have input in determining

the optimum level of care the agency can provide.

### CONTINUING CARE

As a result of the case conference, Joe's plan of care becomes more complex and requires an increase in visits and a broadening in the types of services he will receive. This will trigger a series of actions at the regional office affecting staff scheduling, his electronic record,

billing and other administrative and management functions.

Joe will have no idea of all the "fuss" that goes on to get his nurse, his therapists or the other VNAH clinicians to his door. Nor will the several hundred other patients that Brattleboro is serving at the same time.

That's the way it should be, behind the scenes of care.

## AT HOME WITH... MEDICATION MANAGEMENT

- *When a new medication is prescribed, don't hesitate to ask your doctor and/or pharmacist the following questions:*
  - *Why do I need this medicine?*
  - *How does this medicine work?*
  - *Is the generic form effective?*
  - *How long should I take this medication?*
  - *What are its side effects?*
  - *What do I do if I miss a dose?*
  - *Will it interact with any other drugs I'm taking?*
  - *Will it interact with alcohol?*
  - *May I take this medication with fluids or foods?*
- *Record the answers to your medication questions on paper.*
- *Make a list of all of your medications, including their strengths and the way you take them. Don't forget non-prescription vitamin supplements and herbal medicines.*
- *Share your medication list with all of your health care providers.*
- *Update your medication list with every change, and review it at least once a year.*

## ETHICS COMMITTEE FORMED AT VNAH

Dr. Lynn Peterson, retired surgeon and former Director of Ethics Services at Brigham and Women's Hospital, has led the VNA & Hospice through the formation of a new Ethics Committee. The role of the committee is to assist with policy development and provide practice education and consultation to staff as needed. Dr. Peterson has worked with us to recruit an impressive group of community volunteers and staff with legal, medical, social work, chaplaincy, and health administration backgrounds. All have extensive experience helping organizations and/or families make difficult healthcare decisions. The committee meets monthly, playing an advisory role as the agency continues its quest for the highest quality of care for patients. In the months ahead, the Ethics Committee will be involved with staff education and will stimulate discussion on any ethical issues that arise with developments in the home health and hospice fields.



## A WARM WELCOME TO VNA & HOSPICE CHIEF FINANCIAL OFFICER

Mark Hamilton joins us as the new VNA & Hospice Chief Financial Officer. He will be responsible for insuring fiscal integrity in the face of the growing demand for services and a heightened standard of accountability in home health, hospice, and family support.

In making the announcement, Susan Larman, VNA & Hospice president and CEO said, "Mark Hamilton brings 20 years of financial and business development experience in home health care, providing this agency with the strong skills needed to manage the ever-challenging cost and reimbursement issues we face every day. We are pleased to have his energy and expertise."

Most recently, Mark Hamilton was the director of finance and business development for the \$20 million home health division of Parkview Health System, in Fort Wayne, Indiana. He has a Master's Degree in Business Administration from the Indiana Institute of Technology and a Bachelor of Science degree from Purdue University.

## PRESIDENT'S MESSAGE

Unlike many other health care providers, the VNA & Hospice does not have facilities where patients come for care. Most of our work is done in your homes. There are no doctors down the hall, no supply room in reach, no file cabinet with medical records. We must be fully prepared before our nurses or therapists, home health aides or other staff makes their visits.



As our feature story shows, this preparation involves a management and support staff that is well-trained, responsive and committed to helping this agency provide quality patient care. These people are critical to our success and we are grateful for the Caitlins, Debbies and Karens in our regional and headquarters offices that are the foundation of our service delivery.

To ensure that we are responsive to the needs of our staff at all levels, the agency invests resources in conducting employee satisfaction surveys and providing training in the latest treatment techniques and management skills.

To keep our patients healthy, we have to keep our employees "healthy" by giving them the resources and support they need to do their jobs. And we have to say "Thank You for a job well-done!" as often as we can.

So, "Thank you VNA & Hospice staff!" and thank you to our friends in the community for your trust.

Susan Larman  
*President and CEO*

## REGIONAL NEWS

### NORTH

#### HOSPICE VOLUNTEER TRAINING

The gift of time can make a difference for Hospice patients and their families. Hospice volunteers offer support in a variety of ways: provide companionship, read to patients, sit with patients so family caregivers can go to an appointment or have a break, prepare meals, run errands, assist with Hospice mailings, and/or help patients document their life stories in a recorded memoir, collage, or video.

If you are interested in becoming a Hospice volunteer, training will begin on Tuesday, May 9. In order to complete the program, please plan to attend each of the sessions: May 9, 16, 18, 23, 25, and June 1. All sessions are scheduled for 5-9 pm at Mt. Ascutney Hospital in Windsor and are free of charge.

For more information or to register for the training, contact Beth Wood at (603) 448-1597, ext. 2063.

#### STRENGTHENING REGIONAL COLLABORATION

The latest collaboration will involve VNA & Hospice leadership and clinical staff in a project with the Dartmouth Medical School Center for Evaluative Clinical Sciences. Students will assess clinical systems and processes in the VNA & Hospice North Region with a view to improve the patient-provider relationship and reduce re-hospitalizations.

#### GRIEF SUPPORT GROUP

All are welcome to participate in the North Region grief support groups. The sessions are free and open to everyone in the community who has lost a loved one. Participants are asked to make a six week commitment. Please call Amanda Quicksall at 603-448-1597 to register.

Held at VNA & Hospice, 325 Mt. Support Rd., Lebanon, NH

Every Tuesday from 4:30 - 6 pm, April 18th - May 23rd

*For information on VNA & Hospice services and on how you can help, visit our website at:*

*[www.vnahospicevtnh.org](http://www.vnahospicevtnh.org)*

*For service admissions and referrals call:  
800-575-5162.*

*For information on how you can contribute to the VNA & Hospice, call 802-296-2838, Ext 1028.*

## CENTRAL

### HOSPICE VOLUNTEER TRAINING

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For more information or to register for the training, contact Carla Kangas at (802) 886-2500, ext. 3113.

### EXEMPLARY EMPLOYEE AWARD

Personal Care Attendant Brenda VanAlstyne is the latest recipient of the bi-monthly performance award. Brenda has been a valued staff member for several years, with a "ready and willing" work ethic highly valued by our patients. Delce Porter in Medical Records was the first to receive the honor.

### SUPPORT FOR NEW NURSES

Patient Care Manager Paula Eldridge piloted a monthly support group for new nursing staff. The first session was facilitated by Gary MacIntosh, VNA & Hospice social worker. Given the great deal of autonomy in home health practice, this group presents a special peer-mentoring opportunity for nurses that are new to the homecare environment. It focuses on clinician-to-patient and clinician-to-patient family relationships in the context of homecare as they differ widely from an institutional setting. By fostering a healthy and positive working environment for all employees, the VNA & Hospice hopes to achieve "employer of choice" status throughout the region.

## MAKING CONTRIBUTIONS ONLINE

*We are pleased to announce that the VNAH can now accept credit card donations on our website. This is a major milestone in making this site more donor-friendly.*

*Donors can make contributions at any time, respond to our annual appeal, designate tribute gifts to honor special people or commemorate events or give in memory of a loved one.*

*Visit our Website at <http://www.vnahospicevtnh.org>*

*Click on "Make a Contribution" and look for the links to donate online. There is a separate form for memorial donations and donations to our annual appeal. All appropriate website security measures are in place to protect donor information.*

## TRY OUR ELECTRONIC NEWSLETTER!

*Help save the VNA & Hospice printing and postage costs by receiving our newsletters via email. Please contact [vna.development@vnavnh.org](mailto:vna.development@vnavnh.org) and we will put you on the email distribution for all future newsletters.*

## SOUTH

### COMMUNITY VISIBILITY

Taylor for Flowers, the family owned and operated florist on Elliot Street, offered the VNA & Hospice the opportunity to present information about our services in their front window space. Patient Care Manager Scott Belt crafted an impressive window display that was featured for two weeks.

### COMMUNITY-BASED CLINICS

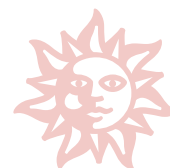
In addition to free blood pressure clinics held in Guilford, Dummerston, Brattleboro (Elliot Street Hi Rise and Melrose Terrace), Newfane, Putney, Townshend and Vernon, the VNA & Hospice recently added a clinic in Jacksonville at the senior meal site.

### BREAKFAST WITH THE HOME HEALTH AND HOSPICE STARS

The South Region staff found reason to celebrate in the successful passing of the annual State survey for compliance with regulations. The staff hosted a party in the form of an Academy Awards-style breakfast. Everyone received recognition.

### STUDENT ROTATIONS

Vermont Technical College's Associate Degree Nursing students are currently rotating through the South Region observing VNA & Hospice nurses at work in the homecare field. This continues to be a rewarding experience for all involved.





VISITING NURSE ASSOCIATION & HOSPICE  
OF VERMONT AND NEW HAMPSHIRE

331 Olcott Drive  
White River Junction  
VT 05001-9263

Nonprofit  
Organization  
**PAID**  
Permit No 120  
White River Jct  
VT 05001

Headquarters  
331 Olcott Drive  
White River Junction, VT 05001-9263  
802-295-2604  
Fax: 802-295-3163  
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

Woodstock Wellness Center  
442 Woodstock Road  
Suite 6A, Gallery Place  
Woodstock, VT 05091  
802-457-3208, Ext 6007

## CALENDAR

### ONGOING EVENTS

#### *Survivors of Suicide Group*

*For people who have lost a loved one through suicide.  
Meets every 2nd and 4th Thursday of each month,  
4:30pm – 6:00pm at DHMC/Lebanon.  
Please call Amanda Quicksall at 603-448-1597.*

#### *Fatherhood Discussion Group*

*1st and 3rd Thursdays from 6:00pm – 7:30pm.  
325 Mt. Support Rd. Lebanon, NH.  
Pizza supper provided.*

#### *Playgroup for Children*

*The playgroup is open to toddlers and children up to  
six years old and their parents or other caregivers.  
This program is free and open to anyone in the Upper Valley.*

#### *Activities Include*

*Free Play • Music • Art • Story Time • Healthy Snacks  
Information & Socialization for Moms and Dads  
Canaan Methodist Church, Canaan, NH: Thursdays 9:30am – 11:00am  
For additional information call Amy Ashley at 603-523-7906*

#### *Divorce Support Group*

*Mondays Through June 5th  
A Collaboration with The First Baptist Church of Lebanon  
Call Gail McCoy at 802-296-2367*