



# THE VAHHA VOICE

*The Newsletter of the Vermont Assembly of Home Health Agencies*

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Summer 2004

## Safe Steps Program Helps Vermonters Live at Home

The Safe Steps Program of the VNA and Hospice of Vermont and New Hampshire, based in White River Junction, is helping frail Vermonters in danger of being injured in a fall, to be safer in their homes, and for good reason. "As people age, they are more likely to fall and become injured," says Eileen Katchen, program coordinator. "In fact, each year, one out of every three people age 65 and over will experience a fall and that figure increases to almost 50 percent by age 80. Almost sixty percent of these falls occur in the home!" she adds.

For an older person, a simple fall can result in the loss of an active, independent life. For some, it can even mean long-term placement in a nursing home. One study found that falls are a contributing factor in 40 percent of all admissions to nursing homes.

Falls are not an inevitable consequence of aging,

however, Katchen says. Many falls can be prevented by addressing multiple risk factors such as health problems, the misuse or overuse of medications, balance and strength problems, and hazards in the home environment.

"Small changes can make big differences," says James Bannister, physical therapist and clinical coordinator for Safe Steps. "Consider the grab bar. With it, a person can take a shower and be assured stability and support. Without it, a person could easily fall and become injured. Presently, the average hospital charge (to provide needed service for a person injured in fall) in Vermont is \$12,000. Compare that with the cost of a \$14 grab bar!" he adds.

The purpose of the Safe Steps Program is threefold: it provides community education programs to educate people about fall risks and ways to avoid injuries; it provides free

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## Nurse Internship Project Gets Grant

The Vermont Nurse Internship Project (VNIP) directed by Susan Boyer, RN, MEd, now in its 4th year, has received a federal grant from the Health Resources and Services Administration (HRSA) to expand the Nurse Internship Model and adapt it for use in community and long term care settings. The VNIP has flourished in Vermont for several years with the support of the Vermont Organization of Nurse Leaders (VONL), and a steering committee comprised of nursing leaders from all care settings across the state. Carole McCay, RN, MS from the VNA of Chittenden, Grand Isle Counties, participated in the VNIP in 2000 and 2001, providing input and a home care perspective to the project.

A two-day Preceptor Workshop, developed by the VNIP, prepares health professionals to take on the role of preceptor for a new employee. The next step for preceptors will be a credentialing process that will provide them with a State certification as a preceptor.

The second primary activity of the VNIP has been development of the Internship Model, a core curriculum and process that can be used in all care settings for the orientation and training of new graduate nurses, re-entry nurses or nurses entering new specialties. The Internship has been piloted in several acute care hospitals, with good results. New employees,

current staff, and managers have all responded positively to the internship, finding it an improvement over previous methods of orientation and training.

The VNA of Chittenden, Grand Isle will receive grant funding to support a part-time position to adapt the Internship Model for use in home care. Jennifer Riggs, RN has accepted this position, and will be working with other home care agencies in the state to develop the home care internship. Job descriptions and a competency checklist will be developed based on the VNIP model. An evaluation plan is being fashioned that will include a format for all participants to provide feedback about the program. At the same time, home care agencies are considering the benefits of sharing information about current orientation methods, so that as a group we can develop materials in support of the content that all of our new employees are required to learn, without duplicating effort. Information about the Internship has been shared with the Vermont Assembly of Home Health Agencies Clinical Directors, who responded positively to this opportunity to develop a supportive training for new employees. Each of the VAHHA agencies will identify a representative to receive communication about the progress of the project and to provide

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## Franklin Hospice Staff Certified

Franklin County Home Health Agency is proud to announce that the following nurses and licensed nursing assistants have recently been certified for the first time by the Hospice and Palliative Nurse Association: Sue Benckert, RN; Annette Blanchard, RN; Theresa Bolt, LNA; Liza Bray, LNA; Lori Collins, LNA; Candy Derosia, LNA; Rhoda Gagne, LNA; Sophia Greenia, LNA; Deb Peloubet, RN; Terry Poirier, RN and Lynne Marie Villareal, LNA.

Becoming Hospice certified required completion of a rigorous examination to test knowledge in the areas of end-stage disease processes in adult patients, pain management, symptom management, care of the patient and family, education and advocacy, interdisciplinary/collaborative practice, and professional issues. The staff seeking certification received take-home study guides and began preparing at the beginning of this year.

"I am excited that so many of our staff wanted to take this exam and challenge themselves to learn more about Hospice and Palliative care." We truly have a dedicated group of people here at Franklin County Home Health Agency who really care about our patients and our mission," says Annette Blanchard, RN, Hospice Manager.

Hospice and Palliative Care are specialized areas of health care, devoted to the patient and patient's families physical, psychosocial, emotional and spiritual needs at the end of life. A special interdisciplinary team of providers, including nurses, home health aides, social workers,



*Hospice Certified Staff. Pictured from left are: Theresa Bolt, Rhoda Gagne, Candy Derosia, Annette Blanchard and Deb Peloubet.*

volunteers, physicians and clergy members work together to ensure that these needs are met.

The Hospice and Palliative Nurse Association will recognize Hospice certification for a period of four years, at which time the candidate must retake and pass the current Certification Examination.

The presence of Certified Hospice staff at Franklin County Home Health Agency contributes to improved quality of care for patients with end of life needs. With the recent certifications, Franklin County Home Health Agency now has 13 staff members who are Hospice certified.

## Internship Project - from page 1

input and feedback about materials as they are developed. Jennifer Riggs will coordinate communication about the home care internship, while Susan Boyer continues to coordinate communication about the larger project.

The Vermont Nurse Internship Project (VNIP) provides a significant opportunity for VAHHA agencies. Recruitment of professional staff will be enhanced for agencies that can offer a formal internship that supports new employees as they learn their new role. Improving job satisfaction for current staff can be accomplished in part by the provision of clear guidelines about roles and responsibilities. A framework of practice standards and role requirements that direct consistent quality care for clients may also improve job satisfaction for employees.

The Internship Model provides preceptor training and internships for new nurses and other health professionals in all care settings. The VNIP contributes to the sustainability of the workforce, which helps assure access to quality health care for all Vermonters, now and in the future.

### A Nice Face in Unfamiliar Territory

This note, from the niece of a Hospice patient to the Rutland Area Visiting Nurse Association and Hospice, is a perfect example of why home care matters.

*Thank you for all your help these last few months with Auntie Libby. I appreciate all you did to help her stay in her beloved home as long as she did. It was comforting to me to have a nice familiar face while in such unfamiliar territory.*

*Your kindness, compassion and goodness was such a gift. Thank you so much.*

*If you need anything else let me know. - Jeanie*

## VNA's Respite House Benefits from Busy Housing Market



*Gerri Barrow(l), Realtor at Lang Associates, hands the first monthly check to Sharon Keegan, Administrator at Respite House*

The fact that home sales are up in Chittenden County is good news to the residents and staff at the Vermont Respite House in Williston. For every sale made this year through Lang Associates' South Burlington office, a donation will be made to the non-profit agency on behalf of the Lang clients. Vermont Respite House was founded in 1991 as a home-away-from-home for terminally ill individuals, a place where they can live the remainder of their days in peace, surrounded by the love of family and friends.

"We give a donation to a charity of choice, and this year the Associates chose the Vermont Respite House," says Staige Davis, of Lang Associates. "Last year our donations went to COTS, Addison Community Action, and the Samaritan House in Shelburne."

Vermont Respite House was suggested by Lang Associate and South Burlington resident Susan Mack. Mack's mother was a resident at Vermont Respite House three years ago.

"The hospital had done all they could do, and mom's needs were too complex to keep her at home," Mack said. "The staff and volunteers at Respite House helped our family and mom understand the dying process, and they arranged for everything. They focused on her physical needs so we could attend to her spiritual needs . . . it is a very comfortable environment."

The Respite House is run by the VNA of Chittenden, Grand Isle Counties as part of the agency's end-of-life services. The VNA staff and volunteers are dedicated to providing a warm, caring, and personalized environment for people in the final stages of life. Vermont Respite House is a supportive, loving, home away from home for its residents and their family and friends. Vermont Respite House is the first, and currently only, state-licensed home for the terminally ill.

"It is because of the tireless work that the staff and volunteers at Vermont Respite House do everyday that allow residents to die peacefully, with dignity and respect," says Davis. "I'm pleased we are able to participate in this way."

### Jiggety Jog Raises \$39,000 and Awareness for Vermont Respite House

The 2004 Jiggety Jog Fun Run, an annual 6K run and jog, raised \$39,000 for the Respite House, an end-of-life program of the Visiting Nurse Association of Chittenden and Grand Isle Counties. More than 350 supporters participated in the event, which was held May 15.

Since 1991, the Jiggety Jog has raised more than \$350,000 for the Vermont Respite House, a home-away from home for the terminally ill in Williston.

## Eastern Star Donates Over \$9,000 to Hospice and Home Health

At its recent annual meeting, the Order of the Eastern Star Grand Chapter of Vermont donated over \$9,000 for hospice and home care services. The donation was made at the June 4 meeting held at the Sheraton Hotel and Conference Center in South Burlington. The group, plus the Vermont Eastern Star Home donated more than \$7,000 to the Vermont Respite House, one of its two main charities for this year, and \$2,025 to twelve home care agencies.

Churchill Hinds, CEO of the VNA of Chittenden, Grand Isle Counties, which runs Respite House, the only residential-based hospice provider in Vermont, accepted the donation. Hinds told the group that donations such as these help assure that those who spend their final days at the Respite House will be surrounded by family, and friends. VAHHA Director Peter Cobb thanked the Eastern Star Hospice Facility on behalf of the VAHHA members.

## Julia H. Maroney Certified as Home and Hospice Care Executive

The National Association for Home Care and Hospice (NAHC&H) has granted credentials as a Certified Home/Hospice Care Executive (CHCE) to Julia H. Maroney, Executive Director of Bennington Area Home Health. Only 280 home health care and hospice executives across the country have earned this credential.

CHCE is the only certification designed especially for individuals in leadership in home care and hospice. To become certified as a CHCE, Maroney provided proof of her academic degrees, validated her 10 years of service as a home care executive and supervisor, and passed a standardized examination.

Maroney has been executive director of Bennington Area Home Health since 1999. She oversees operation of the agency, which provides nursing care for adults and children; rehabilitative therapies, hospice care, social work, and home health aide, personal care attendant, and homemaker services.

Before becoming executive director, Maroney served as BAHH's performance improvement supervisor and a home care nurse. She holds a Bachelor's degree in Health Care Administration from St. Joseph's College of Maine and an Associate's degree in nursing from Southern Vermont College.

The NAHC&H certification program is designed to establish and maintain a uniform performance standard for home care and hospice executives. It also aims to provide consumers, employers, and caregivers with a mechanism for evaluating the professional commitment, knowledge, and conduct of home care and hospice executives. NAHC&H is the trade association serving the nation's more than 20,000 home care agencies, hospices, and home care aide organizations.

BAHH serves southern Bennington County and adjoining Rensselaer County, NY, and makes more than 45,000 home visits a year. In its last survey by the Joint Commission on Accreditation of Healthcare Organizations, Bennington Area Home Health earned a score of 97 (the national mean is 93). The agency is also Bennington's only Medicare-certified Hospice.

Bennington Area Home Health is a not-for-profit organization that is part of Southwestern Vermont Health Care, a community-based, charitable health system that exists solely for the benefit of the communities it serves, with a quest to make those communities the healthiest in the nation.

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### ***Safer Homes - from page 1***

home safety assessments and modifications in order to make the home a safer place; and it identifies people with balance problems and suggests ways balance can be improved.

During the home assessment, a trained VNA Hospice staff member identifies potential hazards and suggests ways these problems can be eliminated. Improvements are made on the spot or shortly after, all free of charge or by donations.

So far, improvements have been made or suggested in each of the nearly 100 homes surveyed. The most common improvements have involved bathrooms, where falls often occur. Night-lights are provided as well as non-slip rugs and tub mats, tub seats, hand held shower hoses, grab bars and raised toilet seats.

Stairways and rugs are of special concern. Rugs are secured and handrails installed in order to prevent falls. If someone needs their bedroom moved downstairs, Safe Steps can help. If a banister is needed outside on the front steps, Safe Steps will build it.

Good lighting also is important, and everyone that has a home assessment receives a free power failure light.

For people with arthritis or limited motion, reacher sticks or dressing sticks are available, as are replacement tips and ice tips for canes and walkers. Although fire prevention

is not the focus of the program, after discovering that more than half of all clients lacked smoke detectors, Safe Steps now provides and installs them as well.

In addition to the home environment, information is provided on the many risk factors for falls through the Personal Fall Risk Checklist. An optional balance screening is also completed.

"The stair rail is very helpful. I can now use my tools again since I can get to my basement. I use my tub bar all the time and find it a big help. Grab bars were extremely helpful, especially on one side of tub to help me get in and out. The outdoor banister you built was a huge help for mother (who recently had a stroke)," said one of the participants.

This program was seed funded by the generous support of the Ottauquechee Health Foundation to launch in the greater Woodstock Community. The VNA and Hospice is expanding this program so that it might serve its entire 86-town service area. In order to start such a program in any given community, the agency is seeking both financial support and a network of individuals who can help by identifying the seniors who most need this program.

Please contact Eileen Katchen (603-674-7164) if you are interested in helping.

## Low cost, high quality and universal access

# Vermont's Non-profit Home Care System Works Well

*There is currently a challenge to the not-for-profit home care system in Vermont. The members of the Public Oversight Committee of the Department of Banking, Securities, Insurance and Health Care Administration and the Commissioner of BISHCA must decide whether to grant the Burlington-based home care nursing agency, the Professional Nurses' Service, a Certificate of Need (CON) to set up a Medicare-certified home care agency in Vermont. If the state decides to grant PNS a CON, the decision would change over 25 years of public policy which has resulted in the best home care system in the country. Below is an outline of why VAHHA members believe the current system works well and should be supported.*

**CON Rules** – Under the current CON rules, the state cannot grant a Certificate of Need for a home care agency unless there are substantial problems in access, cost, or quality. These are not problems in Vermont.

**Universal Access** – The current system provides universal access to home health and hospice services. No other state can match this accomplishment.

**Comprehensive Services** - Vermont agencies provide a full range of medically necessary home health and hospice care to every town in Vermont and to all Vermonters, regardless of their ability to pay or the location of their residence.

**Lower Costs** – Home care costs in Vermont are among the lowest in the national and always have been. The absence of competition promotes efficiencies, assures the availability of specialists, and protects surpluses from profitable cases for use in free and subsidized services.

**Social Contract** - Competition could eliminate the responsibility of any particular agency to provide services to everyone in need.

**Cherry Picking** – In a competitive market, home care companies can cherry pick the most profitable patients.

**The "Pepsi Challenge"** – Show us one state where competition has resulted in lower costs per visit and higher access to services. Vermont is a leader in both of these measures.

**Quality** - Independent assessments of patient satisfaction of the VAHHA members indicate high levels of satisfaction. In addition, evaluations from the state, the Joint Commission on the Accreditation of Health Care Organization, and the Community Health Accreditation Program show that all 12 Vermont agencies provide high quality home care.

**Fraud and Abuse** - There is no agency fraud, abuse, or neglect in Vermont home care. Few states can boast this achievement.

**Capacity** - VAHHA agencies have repeatedly demonstrated commitment and capacity to respond to growing demand for services. Adding a competing agency would not increase that capacity but would result in increased health care costs.

**Level Playing Field** - Creating a "level playing field" by forcing private agencies to take their share of charitable patients would be virtually impossible.

**Regulatory Costs** – The cost to the state to regulate Vermont's home health system is minimal. This is a frequently overlooked advantage of the present system.

**Community Control** – All 12 agencies are community governed.

**Partnership** - VAHHA members have long been valuable partners with the state and others to assure that Vermonters get the care they need. The current system fosters coordination and collaboration in the organization and delivery of services, rather than competition for patients, territory and funding.

**Choice vs. Access** - VAHHA agencies make every effort to assure that all patient are satisfied. If an individual or family is unhappy with the care they are receiving, the agency, with no questions asked, will assign another staff or make arrangements for another agency to provide service. Clearly choice is very important but unlimited choice of agencies could result in lack of access, especially for high cost, high need patients as the current agencies might not have the resources to serve all in need. VAHHA believes both choice and access are important. Vermont agencies provide a full range of medically necessary home health services and hospice to all Vermonters, regardless of their ability to pay or the location of their residence.

# Community as a Classroom: Student Nurses Make Difference While They Learn

*The following is excerpted, by permission, from an article published in the St. Albans Messenger on Saturday, March 20, 2004 and written by Messenger Correspondent, Christopher Parish*

Students at the University of Vermont have branched out to the community in a learning experience that benefits everyone. Seven students, under the supervision of Sarah Abrams, assistant nursing professor, have made their services available to local doctors' offices, health and wellness agencies, and the Northwestern Medical Center.

The program, called "senior-level community nursing," gives students a chance to understand population-based health care and work directly with families to gain experience that is nearly impossible to simulate in a classroom atmosphere.

Seven of UVM's undergraduate nursing students are currently working in Franklin County. Ann Slattery works at Franklin County Home Health Agency (FCHHA) with the "Go Ahead" project, a program that helps elderly patients with disabilities to be more self-sufficient.

"The program gives us the opportunity to take that

classroom knowledge and put it to use," said Slattery. "It's so different from a classroom setting. I want to be able to interact with patients. We need one-on-one contact to learn."

Slattery said her abilities were welcomed immediately by the staff at FCHHA. Everyone has been so eager and willing to help," said Slattery. "It's a real team effort here. The community is very fortunate to have a program like this in place, and (the opportunity) has given me so much knowledge and confidence. I'm considering applying for a job here."

Abrams noted that the project has been on-going for "four or five years" and has been in and out of Franklin County, but the recent reception by the community has helped bolster the success and may lead to continuing partnerships...

Equally as important, most of the students working through UVM's nursing

program intend to stay in the community after graduation.

"We will have many more students," said Abrams, "and hopefully we'll have spots here in Franklin County and around the state for all of them, maybe even as soon as the fall... They are very good, very motivated and they'll make great contributions to their community."

*"The program gives us the opportunity to take that classroom knowledge and put it to use,"*

*Ann Slattery.*

## Vermont Agencies Score High With JCAHO

### ◆ VNA of Chittenden and Grant Isle Receives JCAHO "Gold Seal"

By demonstrating compliance with the Joint Commission on Accreditation of Healthcare Organization's national standards for health care quality and safety, the Visiting Nurse Association of Chittenden, Grand Isle Counties (VNA) has earned the Joint Commission's Gold Seal of Approval, JCAHO's highest award. The VNA is fully reaccredited for three years.

Founded in 1951, the Joint Commission is dedicated to continuously improving the safety and quality of the nation's health care through voluntary accreditation. The VNA, which provides home health and hospice services as well as maternal and child health and long term care, received the accreditation award after the Joint Commission found that it had demonstrated compliance with the Joint Commission's national standards for home health care organizations. The extensive

on-site survey occurred March 17 – 19, 2004.

"In becoming reaccredited, the VNA was evaluated against a set of national standards by surveyors experienced in the delivery of home health services," said Church Hindes, President/CEO of the VNA. "Achieving the Gold Seal of Approval with no required follow up demonstrates VNA's commitment to provide high quality and safe care for our patients. Everyone here at the VNA plays a valuable role in working to meet the standards."

VNA's Board and staff were commended by the surveyors for their commitment to quality. (See page 7)

**"We are very pleased to have received the Gold Seal award, we had no deficiencies whatsoever."  
Barbara Keough, Manchester Health Services.**

## CVHH&H Spotlight on Quality

### Implementation of Best Practices for CHF Clients Reduces Central Vermont Home Health and Hospice's Hospitalization Rate by 29%

*The Central Vermont Home Health and Hospice has submitted the following article to the Vermont Program for Quality Health Care for inclusion in VPQHC's annual report in the spotlight on quality section.*

#### Background:

Early in 2003 Central Vermont Home Health and Hospice received its first full-year report from Centers for Medicare and Medicaid Services, a report that compared both case mix and clinical outcome data to national benchmarks. The 2002 data showed: Our case mix was significantly different from the national reference database. Greater numbers of patients lived alone with the support of home care and for longer periods of time.

CVHHH had a statistically significant higher proportion of patients with circulatory disease when compared to the national reference mean. (64% versus 58%)

We had a statistically significant higher rate of hospitalization than the national reference database. (34% versus 25%) 41% of patients who were transferred from home care to the hospital had a cardiac diagnosis either in the primary or co-morbid position. Of these, 39% were admitted to the hospital with a diagnosis of Congestive Heart Failure (CHF). 14% of the agency's total hospital admissions were due to CHF.

#### Goals:

Reduce the hospitalization rate for CHF specifically as well as the agency's hospitalization rate overall

#### Activities and Outcomes:

A project team researched practice standards, conducted a process-of-care investigation, and identified best practices. The following new practices or processes were implemented:

- ◆ Standardized visit frequency for initial 60-day episode;
- ◆ New Cardiac Flow Sheet for full cardiac assessment each visit;
- ◆ New Weight Log for recording daily weights in the home;
- ◆ New weight gain parameters: Call if 2 lbs per day or 3 – 5 lbs per week;
- ◆ New Signs of Increased CHF Fact Sheet with clear instructions when to call RN;
- ◆ New Acute Heart Failure Fact Sheet with clear instructions when and who to call; and
- ◆ New Telephone Call Checklist to document telephone checks between visits.

#### Outcome Results:

Hospitalization rate decreased from 34% to 29% which is a 15% reduction; and

CHF hospitalization rate decreased from 14% to 10% which is a 29% reduction.

#### Next Steps:

Add concurrent best practice chart audit of active patients to ongoing retrospective audit;  
Counseling to staff as appropriate related to chart audit results  
Best practice competency testing with goal of 90% of clinical staff at 100% score; and  
Share CHF best practices / team process with statewide home care quality improvement committee.

#### Question?

Contact: Connie Colman, RN  
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## Vermont Agencies Score High With JCAHO - from page 6

### ◆ Manchester Gets Top Score

The Manchester Health Services recently got a perfect score from the Joint Commission on the Accreditation of Health Care Organization receiving no deficiencies from a survey that was conducted on May 17 and 18.

"We are very pleased to have received the Gold Seal award," said Barbara Keough, executive director of the

agency, "we had no deficiencies whatsoever."

Manchester Health Services provides home care services to four towns in Bennington County and also offers on-sight physical therapy services. Both the home care service and the physical therapy unit were granted JCAHO approval.

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