



THE VAHHA VOICE

The Newsletter of the Vermont Assembly of Home Health Agencies

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RAVNAH Receives USDA Grant For Telemedicine

The Rutland Area Visiting Nurse Association and Hospice has received a \$238,250 from the USDA Rural Development office to fund a telemedicine project. State USDA Director Jolinda H. LaClair and US Senator James Jeffords attended the December 22 celebration at the RAVNAH office. Also attending were Rutland Mayor Cassarino, members of the health care industry, local representatives and community leaders.

Senator Jeffords, a senior member of the U.S. Senate Health and Education Committee said, "As a long-time proponent of telemedicine, I am thrilled to see federal action translated into improving the quality of care at the ground level. RAVNAH is to be commended for putting technology into the hands of nurses and allowing patients to participate in monitoring their own health by checking their blood pressure, pulse and other conditions and sharing that information with their providers in real time, 24 hours a day, seven days a week. I am especially excited by the high-tech coordination between the home health nurse and the patient's physician. This will result in a reduction in the response time between all the providers and an increase in the quality of care."

RAVNAH has been providing home health care to the towns in Rutland County for 55 years. Grant funds will be used to purchase technology that will improve their ability to monitor patients' health and lessen the time nurses spend on paperwork, freeing them to do what they do best - nurse.

With the second oldest county-wide population in the state, the need for expanded home health care increases at a time when fewer and fewer people are entering the nursing profession. Clinicians with RAVNAH travel as much as 60 miles a day. They then spend up to two hours a day completing paperwork. Last year, the staff made 86,522 home visits to 2,566 patients.

"The Bush Administration is committed to supporting rural communities by investing in technology," said LaClair. "Vermont's landscape and winter weather can make providing home health care to our rural residents very challenging. Using cutting-edge technology, this grant will help to ensure that the RAVNAH caregivers are able to provide the daily oversight necessary for so many of their patients. I am pleased that RD is part of the answer to this very critical need."

The grant will purchase point of care electronic charting which will not only reduce the time a care giver spends on paperwork, but will also provide a tool for better coordination between care givers, provide primary physicians with immediate access to patient information, and reduce the potential for medication errors. Telemedicine units will also be purchased, which will provide a daily record of vital signs and changes that are not obtainable on a one or twice weekly visit.

"We are honored that we have been selected to receive this grant award," said Ronald J. Cioffi, RN, Executive Director of RAVNAH. "The money will be used to fund an

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Bush Administration Wants Medicare, Medicaid Cuts

The Bush Administration has released several proposals for curbing Medicaid spending, according to a rule issued in December. Among the recommendations are to give states permission to increase Medicaid co-payments and limit eligibility without first securing federal waivers and to allow Medicaid officials to provide different benefits in different parts of the state.

All 48 Senate Democrats and Vermont Senator James Jeffords have sent a letter to President George Bush opposing any Medicaid reform proposal "that seeks to impose a cap on federal Medicaid spending in any form or eliminates

the fundamental guarantee to Medicaid coverage for our nation's most vulnerable citizens."

In February, Congress probably will begin to discuss proposals to decrease Medicare reimbursements to most health care providers as part of an effort to reduce the federal budget deficit. The federal budget deficit has increased in each of the last four years and could exceed \$450 billion by next year. Medicare and Medicaid expenditures currently account for about 25% of the federal budget, and some lawmakers maintain that Congress will have to reduce the cost of these programs to ensure their financial viability.

VPQHC Outcomes Congress a Big Success

Approximately 120 guests and team members attended the October 28 Outcomes Congress, the second Vermont Program for Quality Health Care Chronic Care Collaborative held at the Capital Plaza in Montpelier.

“The early feedback about the day and the collaborative was extremely positive,” said Helen Riehle, VPQHC Executive Director. The celebration began with an overview of the model for the prospective team members. The agenda highlighted four teams and their experiences “From Great Beginnings... To Amazing Progress.” Two second year teams, the Veteran’s Administration and St. Johnsbury and two first year teams, Cold Hollow and Greater Falls, shared their successes, surprises, challenges and enthusiasm.

The Greater Falls Family Medical practice in Bellows Falls found the patient registry invaluable. Their planned visits created more focused and efficient patient interactions. Surprises included an unexpected change for the team from initially feeling overwhelmed to quickly experiencing success. The team became re-energized and morale improved. They were surprised with their success to re-engage patients who had previously been written off.

Challenges at Greater Falls included financial concerns of patients that prevent them from seeking care, the time and work required to manage a useful registry that can be used with other clinicians, and finding time to meet as a team.

Cold Hollow Family Practice in Enosburg Falls was another first-time team working in the collaborative. They were surprised that the time needed to managing the patient registry were much greater than expected. They estimate an average of 1.5 hours per day is needed to enter data, run reports, analyze data, flag paper charts and contact patients. Future challenges include incorporating activities to address obesity and ensuring that health benefits are available to all patients.

Overall, the process and clinical improvements were impressive for Cold Hollow. Foot exams went from less than 2% to 95%; eye exams increased from 3% to 86%; micro-albumin testing improved (shows early signs of diabetic kidney disease) from 0% to 97%; LDL testing (identifies the level of the bad cholesterol.) increased from 46% to 94% and HbA1c testing (tests blood sugar levels) every 6 months improved to 94%. The practice was able to document clinical improvements during their first year. Patients with A1c more than 7 (normal is 4-6) improved by 2% and LDL more than 100 improved by 13%.

The VA team outlined their journey, through a second collaborative, showing important gains. They increased the number of participating providers from one to five, doubled the pilot population, continued to lower the average A1c from 8.2 to 7.29, increased the measures from 7 to 16 and achieved 10 of those goals. Some of their most creative work was in

the area of self-management. The VA teams developed an Eat Healthy Workshop and refresher course for self-management education. A room was transformed into a “grocery store” to provide hands on education about shopping.

A MOVE program for weight loss. The VA improved the guidelines for a diabetes management visit by implementing provider group visits. The use of registry, reminders and monthly reports improved follow up and planned care. Decision support was enhanced with regular feedback and with information from the diabetes registry data.

Dana Kraus, MD from the Saint Johnsbury Family Practice described their “Second Time ‘Round” as a process of building on the solid foundation from the first collaborative. Those building “bricks” included labeled charts, a functional registry, toolkits well stocked in examining rooms and routinely used, a revitalized diabetes education program, identification of high-risk individuals through the registry and a working knowledge on PDSAs (Plan, Do, Study, Act).

The key new “bricks” developed during the Vermont Chronic Care Collaborative (V3C) were planned visits and weekly chart reviews that created a “prepared, proactive practice team.” The team increased the efficiency and effectiveness of the office. The team found time for regular team meetings from time saved due to improved organization and practice design. Encounters with diabetic patients could be reduced to 15 effective minutes from the typical 30 minute visit. The improved clinical outcomes achieved by the patients in their pilot population were extraordinary. The percent of patients with A1c less than 7 went from 53% to 72%. Patients receiving a microalbumin test increased from 53% to 80%. LDL more than 100 increased from 42% to 55% and 71% of patients reduced their blood pressure to 135/85, up from 50%. These results clearly show the potential for clinical gains in the second year and speak to the need for a systems change approach versus a finite project view.

Commissioner of Health Paul Jarris congratulated the work of each team and outlined the design for the Vermont Blueprint for Health. He pointed out how the collaborative acts as the laboratory for the Blueprint and encouraged the next steps.

Dennis Plante highlighted experiences of the teams that partnered with health plans. He described the gains the Fletcher Allen Health Care team made with a focus on defining a group visit, determining the codes for insurance coverage of their group visit, and efforts to understand and support this element of care with Office of Vermont Health Access and MVP.

Dr. Josh Plavin from the Chelsea Clinic described their experience with Blue Cross Blue Shield. They focused on planning a day designed to bring together, at one location,

patients with diabetes and their various providers. The patients received group interventions and the opportunity for planned visits with each specialist. BCBS is figuring out how to bill for the experience.

The morning celebration finished with a panel of all the teams addressing questions from the audience about how to keep the effort going. Paul Bengtson, CEO of Northeastern Vermont Regional Hospital, offered closing remarks. He described how the community health advisory board at St. Johnsbury plans to work with VPQHC's next collaborative to link the community with the CCM.

Jenkins New VP at VNAH/VNH

Chris Jenkins of Quechee is the new vice president and chief operating officer of the Visiting Nurse Association and Hospice of Vermont and New Hampshire. Chris has over 20 years experience in home care, most recently as a vice president of home care at Sharp Health Care in San Diego, California. She holds a Bachelor of Science in nursing from Loma Linda University.

Alex (Lexy) Paskevich of Claremont, New Hampshire is the new director of human resources for the VNA. Lexy has over 25 years experience in human resources, most recently as the HR director for the Furr Wollen Company in Guild, NH. A graduate of the University of New Hampshire with a degree in physical education, she has been past chair and vice president of Valley Regional Health Care Hospital Board of Directors.

Rutland Has a New Website

The Rutland Area Visiting Nurse Association & Hospice (RAVNAH) has a newly revised home page at www.ravnah.org. The new user-friendly features include:


Improved navigation, - key headings and drop-down menus to help the user find information quickly and easily.

New features - Clinic postings, job listings, downloadable forms and a search engine.

Improved Look and Feel - Enhanced graphics and page layouts and the user's website experience.

Medicare to Pay for Hospice Pre-Election Assessments

Effective January 1, Medicare-certified hospices can bill Medicare for Hospice Pre-Election Evaluation and Counseling Services furnished by a physician who is either the Medical Director of an employee of the hospice. The



Sign Up Now

The Vermont Chronic Care Collaboratives are all about health care professionals and communities partnering together to find ways to improve the care of diabetes and heart disease through accelerated learning, innovation and change. The Collaboratives also serve as a laboratory for change informing the Vermont Blueprint for Healthcare, a statewide public private partnership to advance the Chronic Care Model.

The Third Collaborative will begin in April 2005, and you are invited to participate.

Through participation in the Collaborative, your practice or clinic will:

- Share experiences, materials and lessons learned with other teams
- Develop a proactive approach to care of diabetes and heart disease
- Reorganize your practice system to better meet patient needs
- Understand the value of clinical information systems in chronic care
- Make progress in meeting other quality-based accreditation standards as required by your organization
- Increase job satisfaction among your staff
- Demonstrate leadership in your community
- Have an opportunity to work with health plans and community resources to foster and reward quality

Each practice team, consisting of health care providers and their staff, will test a series of small-scale changes in consultation with other teams and experts from around the state. This rapid-cycle improvement method will result in a diabetes and heart disease prevention and management program that is tailored to individual practices. Practice management consultation will be available.

For additional information or to register a team, contact Dail Riley at 802-229-2152 or e-mail her at Dail@vpqhc.org before February 11, 2005.

services must be billed by the hospice. The service is not reimbursable for physicians who are not directly employed by a hospice. The notice and billing instructions are on the CMS homepage.



Legislative Issues of Interest to Home Health

Home Care Legislative Agenda:

- ◆ Renew home care provider tax.
- ◆ Provide adequate appropriations for Adult Day, Homemaker, and the Healthy Babies, Kids and Families programs.
- ◆ Continue the objectives and successes of Act 160 for long term care and Act 53 for health care planning including a new health plan.
- ◆ Support the new “1115” long-term care Medicaid waiver.
- ◆ Expand initiatives to address the nursing shortage.

Medicaid - \$15 to \$20 million deficit this fiscal year. Next year spending could exceed revenues by as much as \$70 million.

Revenues - Revenues to fund Medicaid come from three main sources – tobacco revenues (including both taxes and part of the settlement with the cigarette manufacturers), provider taxes (hospital, nursing homes, and home health) and General Funds.

Options to balance the Medicaid budget:

- ◆ Raise taxes
- ◆ Narrow eligibility
- ◆ Raise premiums
- ◆ Reduce benefits
- ◆ Pay providers less
- ◆ Use FY 05 surplus money

Medicaid Tax - Hospitals, nursing homes and home care agencies pay taxes to the state. The tax was first implemented in 1991. Home care joined the plan in 1999. The state earns a federal match from the taxes paid, approximately an extra \$1.40 for every \$1 dollar paid to the state. The money is added to the general fund. More money in the general fund allows the state to pay higher rates to providers. These three taxes sunset June 30, 2005.

Vermont’s Match Rate - Adding to the problem is the fact that the federal match for Vermont’s Medicaid programs is declining. In 2002 the federal share was 62.9%. By 2005 the federal share should drop to 58.8%. Each 1% drop translates to about \$9 million in lost revenues.

HRAP - The health resource allocation plan (HRAP) is a

four-year plan due for completion by July 1, 2005. The plan must identify Vermont needs in health care services, programs and facilities; the resources available to meet those needs; and the priorities for addressing those needs. Areas to be addressed include: hospital, nursing home and other inpatient services; home health and mental health services; treatment and prevention services for alcohol and other drug abuse; emergency care; ambulatory care services, including primary care resources, federally qualified health centers, and free clinics; major medical equipment; and health screening and early intervention services.

Coalition 21 - Coalition 21, a varied coalition of consumers, insurers and providers, is hoping to find a solution to Vermont’s health care woes. The group is struggling with the question of how Vermont can provide affordable, high quality health care. The group has agreed that Vermont’s health care system must be equitably financed and easy to access. The group also has decided that Vermont’s health care system should be safe, timely, efficient, equitable and patient-centered.

Advance Directives (End-of-life Documents) – A coalition of providers, consumers, advocates and state officials has worked for the past year drafting legislation that would improve Vermont’s end-of-life documents. Vermont’s current statutes are out-of-date and need revision. Legislation proposed by this coalition would improve Vermont’s laws. It is important to note that this legislation does not deal with either physician-assisted suicide or abortion rights. There may be legislation introduced on those issues but the legislation backed by VAHHA deals only with end-of-life documents.

NAHC, VNAA Set Legislative Priorities

The National Association for Home Care (NAHC) and the Visiting Nurse Association of America (VNAA) have set their top five legislative priorities for 2005.

1. Prevent home care co-payments;
2. Oppose cuts to the market basket index;
3. Reform the method used to determine the market basket so that home care agencies use a similar method to what is used for hospitals;
4. Oppose cuts to Medicare and Medicaid budgets; and
5. Retain the 5% rural add-on.



Reps. Bill Fyfe, Gerald Morrissey - Home Care Loses Two Friends

Home care lost two good friends recently. On January 6 former Senator Gerald Morrissey died after a long illness and on December 26 long-time representative and former President of the Board of Directors of the Orleans, Essex VNA & Hospice, died.

Gerald Morrissey - When he was in the Senate, Gerry Morrissey was a go-to-guy for home health. When we needed money, especially for the homemaker program, he got it, even when I was sure he would fail. One year I told to him he had no chance. He said, relax, stop worrying so much, he'd get what we needed. He was right.

Home care aside, I liked Gerry because he said what he meant and meant what he said. And more than that, he was funny. I miss his holding court at the cafeteria lunch tables. Often he said what many of us were thinking but too timid to say. When he turned 55 he boasted that he was now double nickles. Too bad he didn't make double sixes or more.

- Peter Cobb

Bill Fyfe. (by Wendy Hilliard from the Orleans Essex Home Health and Hospice) The Northeast Kingdom has lost a hero. Not one that Dan Rather will talk about on the nightly news, but one that will be remembered and missed just the same. William A. Fyfe has been a hero to this area for many years.

As was reported in the announcement of his death, he has had a tremendous impact on our community through his work as a hospital administrator, administrator for the mental health organization, work at the police department and Orleans County jail. However, what was not noted was his unending commitment and love of the Orleans Essex VNA & Hospice, Inc. Mr. Fyfe served on the Board of Directors for 15 years and as its President from 1992 through 1996. As a legislator, he was a strong advocate for the not-for-profit home care system in Vermont and believed in the quality of care and the mission of our organization. Every Monday, before he headed to Montpelier to address the issues of the state, he would stop in to our offices to see how things were going and learn about what challenges we were facing. He spoke publicly about the need for quality home care services in the Northeast Kingdom and was proud of the way OEVNA&H met that need and served all residents of our community. When the agency was transitioning to a new payment system for Medicare that caused a drain on agency finances, Mr. Fyfe was the first to open his checkbook. He believed in the need to keep the agency viable and was willing to do whatever was needed to ensure that it did. He was a benefactor, an advocate, and most of all a friend to the agency and the citizens of Orleans County. We are all going to miss him and are honored to have known him. We are also proud to be a part of his legacy to the Northeast Kingdom.

Excellence Recognized at Franklin Home Health

Five nurses of Franklin County Home Health Agency's high-technology nursing program were recently recognized for their work with infants, children and their families. The Franklin-Grand Isle Early Childhood Program honored Anna Gagne, Alice Isham, Jenny Gaudette, Laurette Godin and Martha Webb with the Bernice Riggie Memorial Award.

These nurses are specially trained and have extensive experience providing patients with comprehensive treatments in the home. The Bernice Riggie Memorial Award is awarded to those who have demonstrated exemplary care on behalf of children and families in Franklin and Grand Isle Counties. To receive the award, individuals must have been involved in improving the general quality of life for children and families for at least two years and must show contribution and participation in collaborative meetings and extensive knowledge about young children and family resources.

Betty Morse, Family Resource Coordinator for Franklin and Grand Isle Counties, Family Center of Northwestern Vermont, stated in her letter of nomination,

"These professional, committed and compassionate nurses work skillfully and quietly in the background of our community. They are good advocates for the needs of the child. Families come to trust and depend on the nurses as they are going through this emotional time. The nurses often become their lifeline. These nurses are with some families during the most difficult times. They are our nursing heroes. It is time to recognize them for who they are and all that they do."

"I've known other people who have received this award and I know how special it is and what an honor it is to receive," said Anna Gagne as she accepted the award at the Franklin County Early Childhood Council meeting on November 29, 2004.

For more information about home care in Vermont visit our webpage, www.vnavt.com



“God Bless Each and Every One of You”

News that the U.S. Department of Justice has commenced an antitrust investigation of Vermont’s home health system and the state’s twelve non-profit, community-based home health agencies was released last month. The agencies in-

tend to cooperate fully in this civil investigation. VAHHA attorney Phil White received the following letter in response to an article about the DOJ investigation that appeared in the *Caledonia Record*.

To Whom It May Concern:

After reading some of the stories that I have read in the Caledonian Record lately, I feel it my duty to write you a letter of support for all the kindness, love, and considerations in general that the Caledonia Home Health nurses have shown my family in many hours of need that we have found ourselves facing within the last few years. If it was not for the extraordinary care that these fine ladies gave each and every member of my family, we would have been in a situation that could have cost us more than words will ever describe. Because of Caledonia Home Health, my father, who died of small cellular and lung cancer was able to stay home to within 48 hours of his death, as he wished. It also saved the family the worry of where he would be because we didn’t have the money to keep him anywhere else.

My sister was home for months on oxygen, and then a morphine pump and fed through a feeding tube in her throat. She too had lung cancer. Because of the fine care she was given, she was able to stay home to within 24 hours of her passing. Your nurses even came and would look in on her on their own time to make sure she was comfortable during her last weeks of suffering. No way could she have stayed home without the quality care she was given through your agency. I know for a fact that one of your staff, Rita Laferriere used to stop in on her own time to make sure my sister was ok. This kind of care is exceptional and not realized in many other professional areas.

My step-father died with a bad heart in January of this year. Again, Caledonia Home Health was there to help keep him home as long as was possible. He absolutely did not want to be in the hospital or a nursing home, and because of Home Health, he was able to remain home to within a very few hours of his passing also.

My Mother-in-law had a very bad stroke about three years ago, and when she came home to stay with us through her recovery period, she was able to do so because Caledonia Home Health was here to help her through her speech, physical therapy, and other medical needs at the time. She is now almost fully recovered and due in part to being able to remain in a home surrounding that she was comfortable with. Again, she had a nurse who visited her a few times on her own time also, and she was very grateful for the love and concern shown her.

Last to mention, is my 84 year old mother who just had a kidney removed. My mother lives in a rural setting and there was no way she could have remained independent, staying by herself as was her wish, if it had not been for your agency. My mother has nothing but high praise for the wonderful care and thoughtfulness shown to her by your visiting nurses. On one occasion during her healing period, she fell and would not have seen a doctor if your nurse had not convinced her to seek treatment as she didn’t feel that she was really hurt. It turned out that she may have a torn rotor cuff and would really be suffering if the Caledonia Home Health nurse has not convinced her to have it seen to. Had she not had a nurse coming to the house, I guarantee that she would have done nothing. On my part, I can’t begin to thank your “Angels of Mercy” enough.

I know this is a long letter, but I just wanted you to see how Caledonia Home Health has affected my family. We have been able to have our family home and that in itself has saved us many dollars, not withstanding the fact that each person I mentioned wanted to be home and couldn’t have, had it not been for the wonderful care that Caledonia Home Health gave each and every one of them. I hope you will pass on my feelings to everyone in your agency as I didn’t know the names of many of them, but they are forever in my heart for all they have done, God Bless each and every one of you.

*Respectfully,
Ed & Carol Wheelock*

FAHC's Community Health Foundation Funds Supportive Care Services for Children

Learning that your child has a life-limiting illness is one of the most difficult messages a parent can hear. Systems and programs for adults at the end of life have been in place for years; all the communities in Vermont offer Hospice services for adults. Children and their families have very different concerns but need the same compassionate, quality care and symptom management. Enter the Visiting Nurse Association of Chittenden Grand Isle Counties's Pediatric Supportive Care Services, a collaborative between the VNA's Maternal and Child Health and End-of-Life Care Services, Parent to Parent, and Fletcher Allen Health Care.

Pediatric palliative care is emerging as a comprehensive approach to caring for children who face a life-threatening or life-limiting illness. The individualized care is focused on enhancing the child's quality of life, minimizing suffering, optimizing function, and allowing for opportunities of personal growth. The care is provided through a combination of active and compassionate therapies and requires the collaborative efforts of an interdisciplinary team.

The essential tenets and principles of pediatric palliative care and hospice are similar to adult palliative care, however there are some distinct differences.

- Illnesses in children often requires the involvement of many disciplines and specialists.
- The course of some illnesses is variable and palliative care may be required for years, even decades.
- A broad developmental spectrum has to be considered and educational needs of the child must be met.
- Many children have genetic diseases which could affect other family members.
- Young siblings are extremely vulnerable.

Supportive Care Services for Children has been funded by a generous grant provided by FAHC's Community Health Foundation. During the first phase of the grant, a community wide focus group helped to illicit valuable insight. In addition, The Jason Program, a pediatric palliative care program in Maine, facilitated a statewide pediatric palliative conference for Vermont.

This fall, approximately 20 individuals representing FAHC, Maternal Child Health, End-of-Life Care Services, and Parent to Parent attended a two-and-a-half-day End-of-Life Nursing Education Consortium (ELNEC) training. The training is a comprehensive, national education program to improve palliative and end-of-life care by nurses.

"The collaboration between Maternal Child Health and our End-of-Life Care is a natural and heartfelt con-



David O'Vitt, RN, supervisor of VNA's Pediatric High-Tech programs, visits six-year-old Tannis and her family on a regular basis.

nection," said Angel Collins, Program Director for End-of-Life Care Services. "The combined skills and expertise of our staff provides the most optimistic approach for well-coordinated, supportive care for the child, their family, and the care providers."

Hatcher Appointed Advisor to VCW

Lindy Hatcher, Office Administrator for VAHHA, has been appointed as an Advisor to the Vermont Commission on Women (VCW) representing the Vermont State Federation of Business and Professional Women.

The VCW is a referral source for Vermont women and their families. It also serves as an advisor, planner, and information source for both the Governor and the Legislature on issues affecting women. It was founded in 1964 by Governor Phillip Hoff to mirror John F. Kennedy's 1962 induction of the *President's Commission on the Status of Women*. The VCW's purpose is to help women achieve legal, economic, social, and political equity in Vermont. The Commission is comprised of 16 women and men from across the state who are appointed by multiple political appointing authorities including the Governor, Speaker of the House, and Senate Pro Tem.

Lindy is active on two committees, Legislative Luncheon and Educating the Public.

Home Care Agencies Step Up to Plate to Deal with Flu Vaccine Shortage

Last fall, with the flu vaccine in short supply, how did the state make sure that those most in need - the frail elderly and the chronically ill - got vaccinated? The solution was the home health agencies. Faced with too little vaccine, the state looked to the 12 home care agencies for help. Working together the problem was resolved - all in need were offered vaccine.

"This is a remarkable gesture of generosity and cooperation," said Dr. Paul Jarris, Vermont's Commissioner of Health. "It's one more example of how Vermonters have pulled together to do the right thing in a difficult situation." Jarris comments were in response to the fact that five home care agencies with vaccine shared their vaccine with the agencies that had none. The Visiting Nurse Associations of America provided 11,000 new doses to the five VNAA Vermont members. These agencies quickly redistributed the vaccine to the other seven home care agencies.

"Vermont VNAs and Home Health Agencies provide thousands of flu shots to Vermonters every year and we were very dismayed at the sudden shortage this year," said Judy Peterson, vice president of Central Vermont Home Health and Hospice. "We welcomed the opportunity to work with the Health Department to make sure that the most vulnerable Vermonters were immunized." Peterson organized the home care response for the 12 VAHHA member agencies.

To make the best use of the vaccine that was available, the Health Department issued recommendations for vaccinating children, adults and health care workers.

"The response from Vermont hospitals and health care providers has been extraordinary and I think unique among the states," said Jarris.

"This is a remarkable gesture of generosity and cooperation. It's one more example of how Vermonters have pulled together to do the right thing in a difficult situation." Dr. Paul Jarris, Vermont's Commissioner of Health.

The state's plan for distributing flu vaccine to high risk groups started with children ages 6 months to 18 years old who have serious medical conditions. This required approximately 7,000 doses of vaccine provided by the Health Department through its Vaccines for Children program.

Next vaccinated were nursing home residents, who were vaccinated during the first weeks of November, using about 3,000 doses recovered as a result of the health order or provided by hospitals and a private corporation.

With vaccine from the Visiting Nurses Association of America, about 6,000 frail elders in assisted living situations, adult day care and who were homebound were vaccinated by the end of November.

About 1,000 doses were used to protect patients in dialysis units, pulmonary clinics, hematology and oncology clinics, infectious disease clinics and people in specialty care for HIV/AIDS. Another 3,500 doses were used for certain health care workers who provide direct patient care.

On November 18, all 12 home care agencies simultaneously held flu clinics throughout the state. The effort was organized by the Health Department District Offices and the home care agencies working collaboratively. About 8,000 doses were administered that day.

"It was a great day," Jarris said. "The clinics were well planned, ran smoothly and no one was turned away."

High Cost of Turnover to Providers

A new Better Jobs Better Care practice and policy report, "The Cost of Frontline Turnover in Long-Term Care," conservatively estimates the direct costs of frontline turnover to be about \$2500 per loss of each direct care worker. That includes only the obvious costs associated with frontline turnover: hiring expensive temporary staff or paying overtime wages to current staff until replacements come on board; advertising, interviewing, and background checks; and orientation and training of new employees. Some studies

reviewed in the report found that direct costs can run as high as \$5200 when human resource staff time is taken into account.

The report also highlights the less-obvious indirect costs to providers of frontline turnover. When such factors are taken into account, such as lower productivity of temporary staff and new employees, reduced service quality due to staff shortages, and low staff morale owing to turnover, the average cost to providers is closer to \$3500 per turnover of each direct care worker.

Vermont Home Health Calendar

Winter 2005

- February 10 **VAHHA/VNAHS Board of Directors** – Best Western Motel, Waterbury, 9am.
- March 10 **VAHHA Board of Directors** – VNAVNH office, White River Junction, 9am.
- April 6 **Spring Blooms, Fashion Show and Luncheon**, to benefit VNA's Family Room, 11:30am to 1:30pm, Burlington Country Club, Burlington.
- April 10-13 **NAHC Policy Conference** - Washington. Keynote speakers include Robert Dole, Former US Senator, Edward Kennedy Jr., Advocate for Seniors, Newt Gingrich, Former Speaker of the House, Chris Matthews, Host of MSNBC's Hardball and Mark Shields, Host, CNN's Capitol Gang.
- April 14 **VAHHA/VNAHS Board of Directors** – Gifford Hospital, Randolph - 9am.
- May 5-6 **Northern New England Home Care & Hospice Conference** - Sheraton Hotel, South Portland, ME. The featured national recognized presenters include: Barbara McCann, Interim HealthCare; Melinda Gaboury, Heacare Providers Solutions; Bruce Greenstein, Associate Regional Administer, CMS; Susan Blockberger-Miller, Outcome Concept Systems; Ron Clitherow; LarsonAllen; Joe Jackson, ElderCare Advisors; Rebecca Lewis, Hospice Pharmacia; Patrice Moore, The Watershed Group; and LisaLetourneas, MD, MaineHealth. New this year is a pre-conference evening reception open to exhibitors and attendees. For a conference brochure call VAHHA at 802-229-0579 or check on-line at www.vnavt.com. This conference is sponsored by the three home care associations of Northern New England.
- May 7 **Magic, Melodies and Memories 2005** – Benefit for the Alzheimer's Association of Vermont and New Hampshire. For more information call 802-229-1022.
- May 12 **VAHHA Board of Directors**, 9am - Location to be determined

VAHHA Calendar

- May 14 **Jiggety Jog 6K Family Run** benefiting Vermont Respite House. 8am registration, 9am race. Vermont Respite House, Williston.
- May 19+20 **Fifth Annual SAIL SUMMIT** – Sponsored by the Vermont Department of Aging & Disabilities. Conference participants will be able to identify ways to help community members: Decrease the risk of chronic disease, disability related to disease, injury and secondary health conditions; Maintain a high degree of physical and mental function; remain as engaged in life as they prefer; and Live with dignity and independence in the setting they prefer. The keynote speaker is Robert L. Kahn, Professor, Psychology and Public Health, Research Scientist Emeritus at the Institute for Social Research, University of Michigan. He will present an update on the MacArthur Foundation research on successful aging – its authors, its critics and a Mayo Clinic assessment of the evidence. The registration deadline is April 30. For more information contact Mary Trehant at 802-241-2403.
- June 3-5 **Camp Knock Knock Family Bereavement Camp** – YMCA’s Camp Abnaki, North Hero, Vermont. Interested families should contact Ann Irwin at 802-449 ext. 3811
- June 9 **VAHHA/VNAHS Board of Directors** - Central Vermont Hospital, Conference Room 2
- June 24 **Sunset Sampler Summer Cruise** benefiting VNAs End of Life Care Programs – 6:30 – 9:30, King Street Ferry Dock, Burlington
- June 8-10 **Hospice and Palliative Care Council of Vermont’s Annual Meeting** - Conference June 9, business meeting June 8. Lake Morey Inn, Fairlee. Details in March.
- September 7-9 **Annual Meeting of the Vermont Association of Hospitals and Health Systems** – Killington Grand Hotel, Killington.

For an up-to-date listing of all VAHHA events, check the VNA Calendar page on the VAHHA website. The address is www.vnavt.com. There also is a direct link to the home page and calendar of the Vermont Hospice and Palliative Care Association.

VNA's Landmark Documentary Film Chronicles Lives of Four Hospice Pioneers

"Every nurse and doctor in America, every professional and family caregiver to the dying, should see this film."

Bill Moyers, journalist

Each of us *will* die – but how and where we die varies tremendously. Though most Americans say they would prefer to die at home, without pain, supported by family and friends, the reality is that most people in our society die in medical settings, often in pain and without adequate support. Nearly 40 years ago, hospice was created as a philosophy and practice of care – an approach that emphasized effective pain management, care provided by a team of physicians, nurses, social workers and volunteers, attention to emotional, social and spiritual concerns, and the view of dying as a natural part of the life course. As we struggle, as individuals, as families and as a nation to come to terms with how we die, we can learn vital lessons from the founders of the modern hospice movement.

Pioneers of Hospice: Changing the Face of Dying, a 49-minute film documenting the growth of hospice care over the past four decades, has just been released. This film preserves the legacies of modern hospice and palliative care

founders Dame Cicely Saunders, MD, Florence Wald, MN, MS, Elisabeth Kubler-Ross, MD and Balfour Mount, MD. Because of the passion and foresight of these four visionaries, end-of-life care has been dramatically transformed.

What the pioneers saw of the process of dying changed their lives. They were appalled, not by the natural act itself, but how our society hides it, denies it, misunderstands it and fails utterly to cope with it. Their impassioned work inspired a movement felt around the world.

Pioneers of Hospice is filled with rich narratives and anecdotes from Saunders, founder of St. Christopher's Hospice, England (1967); Wald, founder of the first Hospice in the U.S. (1974); Kubler-Ross, author of the groundbreaking *On Death and Dying* (1969); and Mount, founder of palliative care in Canada (1974).

The makers of this film, the Madison-Deane Initiative, a volunteer-driven end-of-life care education program of the Visiting Nurse Association of Chittenden and Grand Isle Counties, Colchester, Vermont, and filmmaker Terrance Youk, traveled to three countries to interview these remarkable pioneers. The result is a compelling film with a unique historical and socio-cultural perspective on the emergence of the modern hospice movement.

RAVNAH Names Employee and Volunteer of the Year

The Rutland Area Visiting Nurse Association & Hospice (RAVNAH) recently recognized Rayne Brileya as its 2004 Employee of the Year and Ann Southard as the agency's Volunteer of the Year.

Rayne Brileya, an 18-year employee of RAVNAH, was honored for her superior work ethic and enormous contributions to the agency. "She is always on the go and willing to do whatever it takes to get the job done," explained Melissa Norman, Director of Human Resources. "Always with a smile or a joke to brighten our day, Rayne is respected by all employees for her humor, sincerity and hard work."

Hospice volunteer, Ann Southard, was recognized for providing tremendous support as a hospice speaker, patient

care volunteer, and in bereavement follow-up. "Ann seems to know what is best for each unique situation – whether that be to hold a hand, give a hug, reassure with kind words, or listen without interruption – sometimes the hardest and most selfless thing to do," said Randi Cohn, Hospice Volunteer Coordinator.

Also honored were recipients of RAVNAH's HEALTH Matters Awards, an employee recognition program for service excellence. Home care aide Pam Johnson received the Honesty award; hi-tech nurse Beth Wilson, Excellence; home care aide Noreen Goepel, Attitude; hospice-palliative nurse Eva Zivitz, Leadership; hi-tech nurse Audrey Eary, Teamwork; and home care aide scheduler Joyce Humphrey, Helpfulness. Employees are chosen and recognized by their peers.

USDA Telemedicine Grant - from page 1

integrated technology project that will provide our clinicians with state-of-the-art equipment and software so they may better serve Rutland County's rural population."

USDA Rural Development's mission is to increase economic opportunity and improve the quality of life in Rural

America. This is done by providing financial and technical assistance to foster growth and new opportunities for business development, home ownership, and critical community and technology infrastructure. The Distance Learning Telemedicine program provides financial assistance to enhance learning and health care opportunities for residents of rural America.

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VAHHA Voice Contributors

Blue Cross/Blue Shield

Box 186
Montpelier, Vermont 05601-0186
www.bcbsvt.com

Brad Borbidge, P.A.

Five Warren Street
Concord, NH 03301

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www.nhcqf.org

McKesson

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Picker Business Systems

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