Good afternoon and thanks for joining us I am Judy Simpson. There are 11 not for profit Home health and hospice agencies in Vermont. The oldest and largest is the Visiting Nurses Association of Chittenden and Grand Isle Counties. The VNA cares for nearly 5000 individuals and families each year in their homes and other community settings. Ann Irwin is the VNA Director of Development and Community Relations. She will talk about the programs offered by the VNA and a new initiative VNA is undertaking keeping people independent and healthy. Welcome to you and thanks for being with us.

Ann.: Thanks Judy

Judy.: Home health and hospice is a critical topic we're all living longer it seems like almost every family has touched by this.

Ann.: It's so true. We are blessed in the state to have coverage, complete coverage across the state, for Home health and hospice for VNA and Home health agencies. Every county in Vermont is covered by a Home health or not for profit health agency. Our coverage areas are Chittenden and Grand Isle Counties but most of what we will talk about today is across the state in the services that are offered. People are living longer; families are away from their parents. People live across the country from their parents who are struggling at home and we know that our Home health Services help people live longer stay longer in their homes if that is what they choose to do. Live independently. People get better at home faster than in the hospital or another facility and we’re able to take care of people with extraordinary needs. We're seeing so much more intense care being required than we have in years past.

Judy.: It's also more cost effective if someone can stay in their own home and get ‘a la carte’ services that they need.

Ann.: What we know is that one day in the hospital equates to nine days in the nursing home or equals 120 days of home-health care. That's how much it costs for people to stay in a hospital. If people can go home sooner we are committed to having them stay at home and not be re-hospitalized. That a benchmark we're very focused on and it is so cost effective. We're able to see a person in their home environment and natural environment to see what their family
dynamic is. How much help there might be able to get from their family or their neighbors. What their support network is what their home set-up is in terms of being able to move freely around the home and not have a fall risk, and those kinds of things are very important to be able to see people in their homes.

Judy.: Who does the VNA of Chittenden and Grand Isle Counties serve?

Ann.: We serve everybody we say from birth to death and everything in between. People are aware of our services for adult home care for people who come home from the hospital with a hip or knee or joint replacement but it's so much more than that. We do some prenatal services postnatal and all the way to our extensive hospice and palliative care program.

Judy.: You serve nearly 5000 people a year that must require a pretty diverse staff?

Ann.: We have over 700 staff. It's a floating number I'm going to say 700, it could be upwards from that now. We also strikingly have over 700 volunteers. They work in all sorts of aspects of the agency from our robust hospice volunteer program for in-home hospice and at Vermont Respite House. Program volunteers for the Vermont family room our adult day program. We have administrative volunteers and special event volunteers.

Judy.: What are some of the programs and the staff volunteers of VNA provide? I know you mentioned adult homecare obviously.

Ann.: We have RNs licensed nursing assistants, personal care attendants, social workers, physical therapists, occupational therapists, speech therapists--the full gamut of those professional people who come take care of you at home and then we have the personal care attendants who can provide care for people who need a certain level of attendance at home that doesn't require skilled care.

Judy.: Let's talk a little bit about some of the programs. The Adult Home Care Program?

Ann.: At the VNA we're looking at our services in terms of what our customers need. We look at everything that we do as a customer focus and in terms of helping people stay independent or regain their independence is our Adult Home Care program our largest program. People on our Adult Care Home Services are recommended or referred by a physician. They come onto our care for many different things, I mentioned before that hip or joint replacement, people who come out of a hospital from surgery and need care for their wounds. We're also focusing on clients with dementia now. We're learning that there are ways we can help them through our adult Home Care Services. Then we have our hospice and palliative care end of Life Care Services which are very extensive. We’re one of the oldest hospices in the country because we were part of the Medicare project when it started to decide that hospice was an efficient way to provide end of Life Care. We not only do the traditional in home hospice we have Vermont Respite House which is the state's only hospice home that is wholly owned program by the visiting nurses association and then we have extensive bereavement services. We have Camp Knock-knock which is the state's only family bereavement camp and then we have a hospice choir which is called the Noyana Singers and then we have an extensive education service from our Madison Deane initiative which puts on community presentations from world renowned experts in the field of palliative and end of Life Care.
Judy.: Also there's something called a nursing home without walls?

Ann.: We have long-term Care Services which are for people with chronic illnesses that need to manage their illness through their lives. We of the choices for care program which is a state program. We call that a nursing home without walls because some of these people are very very sick and it's kind of amazing that they're able to stay at home but the only way they can do that is through Home Care Services.

Judy.: And private care?

Ann.: We have a private care program which some people are surprised to hear about but we feel that it's a good fit with the rest of our services for when people need to transition away from the doctor/referral services and may need care in their home for bathing dressing even companionship. Cooking nutritious meals taking them on errands or doctor's appointments so we do have a private care program and that is supervised by nurses but those are our personal care attendants who care for those individuals.

Judy.: OK and the adult day care program?

Ann.: We are the only adult day program that's operated by a Home health agency in the state there are other adult day care programs but we have one under our umbrella of services and we of three locations. At our Prim Road office in Colchester, there's a location out in Williston and there's a new location in South Burlington at the Grand Way Commons area there and it focuses on dementia care.

Judy.: Also family and children's services which probably people don't know as much about as they do some of your other services?

Ann.: Family and children's services are several different things. People right now are seeing a photo of a young girl in our preschool program which is part of our family programs that operate in the old north end of Burlington. Over 1000 families and children and parents attended that last year. We also have pediatric High Tech Services which is really intense care for young people whom have to have those services at home to enable them to live a home.

Judy.: Which is really the whole point of the VNA?

Ann.: The whole point of it.

Judy.: We talk about Home Care but you also mentioned Vermont Respite House and adult day programs. Are there any other not in home things that VNA does?

Ann.: We have a service for young adults that have disabilities and it's a 24-hour home it's called Anderson Parkway. We see people in their homes primarily but also in nursing homes we do care for people in nursing homes. There’s Vermont respite house and what we like to say that the VNA is we care for you at home or anywhere you call home. So senior housing we provide services in there as well.

Judy.: VNA has seen a lot of changes in its 106 year history. What's new?
Ann.: I mentioned dementia care. The Grand Way adult day care program is very popular and we are running at almost full capacity. The entire space was designed in mind for people who are dealing with memory care issues. Some of the walls are painted a contrast in color to give people queuing. We have different floor surfaces so that as people are moving from one space to another they know that they're going into a different area. The food preparation and presentation is very specific for people who are struggling with a memory issue. That's been a very successful program and because of it, we realize that people who care for people with dementia need a lot of support as well. So we provide a support group for people who are caring for people with dementia but also we are providing a series of workshops that happen every other month that people can come to at no cost to learn about how they can help their loved ones and they can stay healthy themselves and receive support.

Judy.: Because it has to be a really tough situation to be in as far as feeling like you're probably out there all alone in my doing this right should I be doing something else what might be successful?

Ann.: It's a learning curve for people when they find out their relative has a memory care issue then they have to learn about the disease because it's different for everybody. We have great staff at our Grand Way adult day care program. People with years and years of experience working with people with dementia and it so supportive and people are telling us that they don't feel like there alone anymore.

Judy.: Which is hugely important. You also brought a prop with you; something about tele-help?

Ann.: Tele-health. We have these little boxes that we can put in people's homes. They also come with a scale and a couple of other pieces of equipment. A blood pressure cuff and an oxygen saturation device that you put your finger into. They are set up in people's homes and they are prompted they are programmed and prompted every day at a certain time of day to step on the scale, or to take their blood pressure and check their oxygen saturation and a couple of other things specific to whatever disease they’re dealing with or health issue they're dealing with. They don't take up much room in people's homes, and what they do is transmit through the telephone line to a tele-health nurse at the VNA who can check people's vital signs every single day. It's very helpful for certain diagnoses such as congestive heart failure because that people have a sudden weight gain it's a big red flag for something that needs to be looked at. Either by the nurse or the nurse will call the physician and say this is what we're seeing. It is a way for someone to have an oversight every single day, but they don't have to have a nurse come to their home. It's extremely cost effective and it's reassuring for people to know that they're being looked after, that someone's over their shoulder. All different questions can be programmed into this unit and they have to respond to them and it can even be programmed in different languages.

Judy.: No kidding; that's amazing. How about the lifeline partnership?

Ann.: We have gone into a partnership with Phillips Lifeline which is the pendants that people were around their neck in case of an emergency call. People can get the service through Phillips but if there is an incident Phillips will call the VNA and say this person that you're caring for or who has been under your service before has had this situation so that we can call and check in with a patient and let them know even if they're not on our services right now is there anything we can do what would you like us to take care of for you and we also have this great medication dispenser that can be programmed by a family member or if they’re on VNA Services one of
their caregivers will program it for them but it dispenses the medication at the time of day they need to take it. It shoots it out into a pill box or pill cups so there's no mix up with medication which is a big problem for people who are having a hard time managing that. It's hard to get healthy or get better if you can't manage your medication.

Judy.: What would people be surprised to learn about the VNA?

Ann.: We talked a little bit about the family and children's services work that we do. We started in 1906 to care for children because Burlington had a high incidence of child mortality infant mortality. We continued that work it's been a focus of ours for 106 years now. We care for children in their homes but also at the family room and one in five visits at the VNA is to a child.

Judy.: There's something called the Dad program?

Ann.: We've been working with fathers for a long time at our family program fathers and children together - we just won a competitive grant from the Federal Gov't to extend the services to expand our fatherhood initiative. So we have a new program called Dapper Dads which stands for dads as parents, partners and providers. It's a collaborative effort with the Howard Center and Vermont Adult Learning. We're really excited about it we encourage people if they're interested to call the VNA to find out more about it.

Judy.: I was just going to ask you how can viewers get more information?

Ann.: We have a very robust website and we have a knowledgeable receptionist that can answer any questions or put people to the place they need to get to.

Judy.: Ann thanks so much for joining me today.

Ann.: You're welcome Judy.

Judy.: That's our program for today. I'm Judy Simpson; we will see you again next time on Across the Fence.

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