

2010 Clinical and Patient Satisfaction Outcomes Report

Leadership. Quality. Innovation.



Our Centers of Excellence

Specialty Nursing Services

- Cardiac Disease Management
- Diabetes Management
- Pain Management
- Telehealth Monitoring
- Advanced Wound Care

Re-Admission Avoidance Program

- Cardiac Track
- Diabetes Track
- Pulmonary Track
- Wound Care Track

Rehab Specialties

- Joint Replacement Program

Hospice & Palliative Care

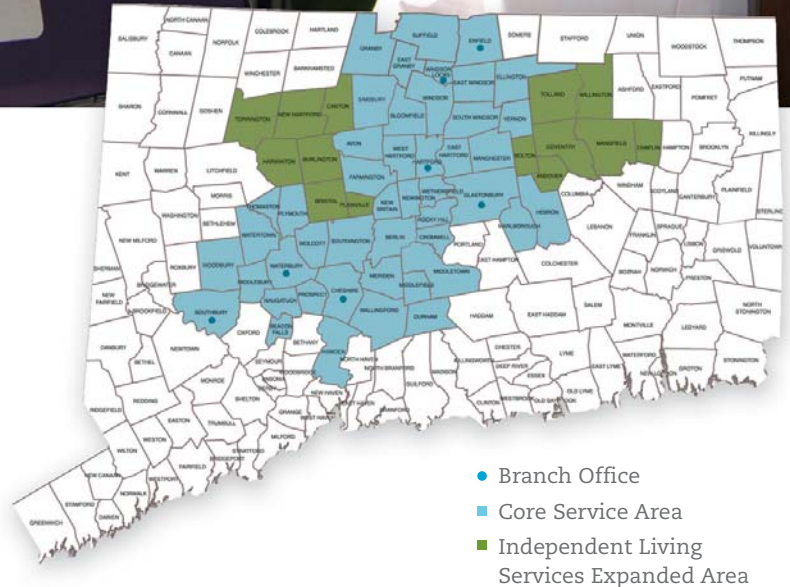
- HOPE Program for Palliative Care
- Oncology Care
- In-home and In-Facility Hospice Care
- Jewish Hospice Program
- Spiritual Care and Bereavement Program

Routine Medical/Surgical Care

- Skilled Nursing
- Physical, Occupational and Speech Therapy
- Home Health Aides
- Medical Social Work
- Nutritional Consults

Independent Living Assurance Programs

- Homemakers
- Geriatric Case Management
- Live-in and Hourly Personal Care Assistants
- Home Design and Safety Assessments
- Lifeline Emergency Response Products
- Home Delivered Meals-Low Sodium, Diabetic, Spanish, Kosher Meals - by Shuman
- Medication Management System
- Errand and Appointment Assistance



Towns Served*				Independent Living Services Expanded Area*	
Amston	Glastonbury	New Britain	Union City	Andover	Harwinton
Avon	Granby	Newington	Unionville	Bolton	Mansfield
Beacon Falls	Hamden	Oakville	Vernon	Bristol	New Hartford
Berlin	Hartford	Plantville	Wallingford	Burlington	Plainville
Bloomfield	Hebron	Plymouth	Waterbury	Canton	Tolland
Broadbrook	Kensington	Poquonock	Watertown	Chaplin	Torrington
Cheshire	Manchester	Prospect	West Hartford	Coventry	Willington
Cromwell	Marion	Rocky Hill	Wethersfield		
Durham	Marlborough	Simsbury	Windsor		
East Granby	Meriden	S. Windsor	Windsor Locks		
East Hartford	Middlebury	Southbury	Wolcott		
East Windsor	Middlefield	Southington	Woodbury		
Ellington	Middletown	Suffield	Yalesville		
Enfield	Milldale	Terryville			
Farmington	Naugatuck	Thomaston			

*As we continue to grow, service area will continue to expand

We are your partner for health care success.

Our country's health care system is changing rapidly. There is greater accountability for health care organizations to adapt and deliver quality outcomes and high patient satisfaction; this will determine their success. Home care is in a unique position to deliver on these metrics and support regional continuums of care that are able to provide seamless transitions from inpatient care to home care. Through partnership with VNA HealthCare, hospitals, skilled nursing facilities and physicians can elevate the standards of care in our community.

Now more than ever, it's essential to be prepared to meet the challenges ahead.

VNA HealthCare can help.

For more than 100 years, we've been keeping patients at home and achieving impressive clinical outcomes. We're committed to investing in the latest technologies and creating innovative clinical specialty programs to help our patients enjoy the best quality of life. Delivered by a team of highly skilled and trained clinicians, our services consistently meet or exceed many national and state quality outcomes.

We also make it our business to understand your health care challenges – VNA HealthCare is ready to help you solve them, both now and in the long term.

We hope that this publication will show you how capable we are of being your partner for health care success.

Sincerely,



Ellen D. Rothberg
President and CEO



Ellen Rothberg
President and CEO

(860) 493-7165
erothberg@vnahealthcare.org



Our Innovative Readmission Avoidance Program

Kathy Peirce, Vice President, Clinical Operations



(860) 493-7364
kpeirce@vnahealthcare.org

Our Program Has Four Primary Care Tracks:
Cardiac Focus, Pulmonary Focus, Diabetes Focus and Wound Care Focus

VNA HealthCare launched the Readmission Avoidance Program as a way of identifying and managing patients at high risk of rehospitalization or emergency room visits.

Clinically appropriate patients receive a customized plan including: A comprehensive in-home assessment by a registered nurse and physical therapist (if needed) which can include physical, psychosocial, and home safety/fall risk care.

Custom-designed care plans which include nursing; physical, occupational, and speech therapies, social work, assistance with activities of daily living, 24/7 home health telemonitoring, personal emergency response, and fall prevention.

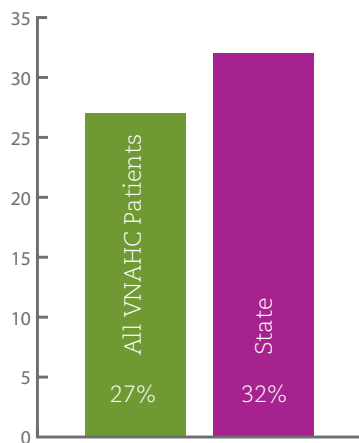
Care plans include teaching patients about medication management and treatment compliance, use of equipment and signs and symptoms of disease exacerbation. VNA HealthCare can also provide continual ongoing telemonitoring after the acute phases of illness.

Patient Benefits of Readmission Avoidance Programs:

- Fewer hospitalizations and ER visits
- Improved quality of life
- Decreased anxiety
- Increased ability to care for self

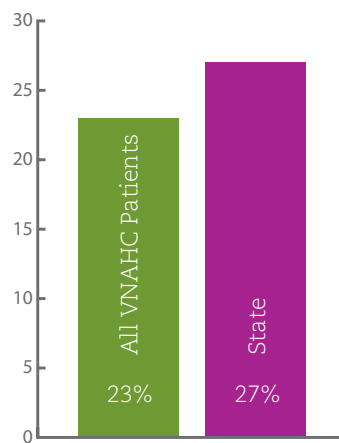
Physician and Specialist Benefits:

- Fewer ER visits and readmissions
- Only clinically appropriate phone calls to doctor's office
- Increased clinical information to doctor's office
- Decreased emergent visits to doctor's office



Percentage of patients who needed to be admitted to a hospital

Lower is better



Percentage of patients who need urgent, unplanned medical care

Lower is better

Readmission Avoidance Program: Cardiac Track

Clinical Lead: Beka Apostolidis, MS, RN, Cardiac Program Manager



Program Overview:

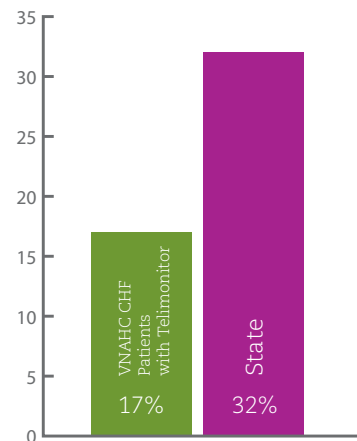
Specialty nurses provide expert education and assessment to acute and chronic heart disease patients including diagnoses such as myocardial infarction, heart failure, cardiomyopathy, coronary artery bypass graft, hypertension and arrhythmias. The program also offers state-of-the-art in-home telemonitoring to ensure that patients' conditions remain stable.

- Received 2,000 referrals for home health telemonitoring in 2010.
- VNA HealthCare was the first agency in the state to pioneer telemonitoring in 2003.
- Participate in heart failure collaboratives with Hartford Hospital, MidState Medical Center, Saint Mary's Hospital and Waterbury Hospital.
- Nurses are trained to care for Ventricular Assistive Device and Destination VAD therapy patients.
- The ZOE Fluid Status Monitor (for bioimpedance monitoring) is available for appropriate HF patients.
- Cardiac program provides care for patients with IV inotrope medications.
- Cardiac Program Manager Beka Apostolidis recently co-authored a Journal of Cardiovascular Nursing article: "Pilot Testing of a Multicomponent Home Care Intervention for Older Adults with Heart Failure: An Academic Clinical Partnership." The study is currently a finalist being considered for an NIH grant.
- Beka Apostolidis honored with the 2011 Program Manager of the Year Award from Visiting Nurse Associations of America.

Home Health Telemonitoring Patient Survey Results:

- 93%** of patients responded in a positive manner regarding the usefulness of the telemonitoring system in assisting them with the management of their health.
- 90%** of telemonitoring patients felt they received enhanced care from VNA HealthCare and their doctor as a result of the telemonitor.
- 90%** of telemonitoring patients felt more involved in their care from participating in the telemonitor program.
- 90%** of patients would recommend telemonitoring to their family and friends.
- 92%** felt that the telemonitor provided them with a sense of security and peace of mind.

Data from Medicare.gov Home Health Compare as of 12/2010 and from VNA HealthCare patient questionnaires and data



Percentage of patients who needed to be admitted to a hospital.
Lower is better



When assisting my patients with VAD devices, it's extremely important for me to know that they will be appropriately managed after leaving our very controlled setting. We are fortunate to have a highly skilled partner in VNA HealthCare's cardiac team. When I speak with Beka Apostolidis and we formulate the plans to transition a patient to home, I do so with the confidence that in the home setting we have a level of clinical expertise that can ensure a positive patient experience. I'm delighted to have VNA HealthCare as a resource.



Beverly Mendes APRN, PhD
Ventricular Assist Device Coordinator
Heart Failure Transplant Center
Hartford Hospital, Hartford, CT

Readmission Avoidance Program: Pulmonary Disease Management Track



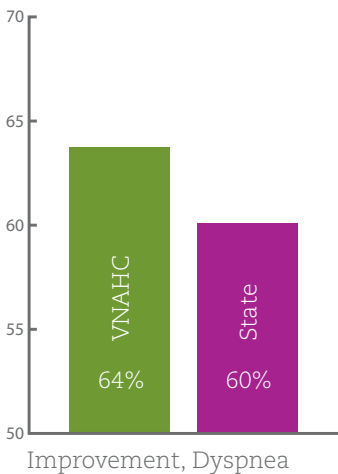
Clinical Lead: Penny Ross, BS, RRT, Respiratory Therapist

Program Overview:

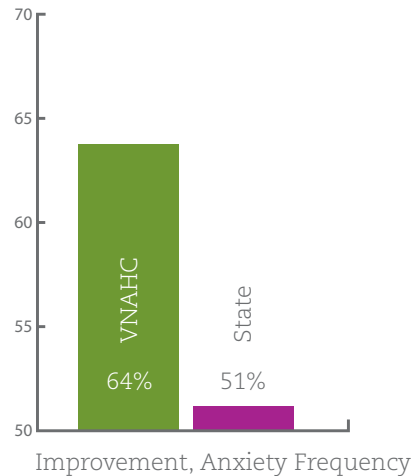
Our collaborative program fosters self-management to assist patients with the education and skills necessary to control their chronic respiratory disease, avoid medical emergencies and slow disease progression.

Our respiratory therapist evaluates respiratory status specifically related to the patient's home environment and educates patients and families in proper respiratory equipment and medication use for better safety and compliance. The program also coordinates patients' care with medical equipment companies and other specialty services including physical therapy, occupational therapy, and nutrition.

- 37 patients enrolled in Pulmonary Disease Management program last year.
- Objective tools used to measure outcomes: six-minute walk test, patient quality of life survey, OASIS assessment related questions.
- Weekly pulmonary rounds with nursing supervisor and respiratory therapist.
- Pulmonary rehabilitation program developed – grant money available to patients in the Glastonbury office territory.



Data from OCS, Respiratory Report, 12/31/09



Data from OCS, 12/31/09



As a recently retired nurse who considers herself well-versed in all-things pulmonary, I was highly impressed with the level of knowledge, skill and expertise demonstrated by both the respiratory specialist and my visiting nurses as they cared for my COPD. They are very thorough in their teaching and ensure that you not only understand the numbers, but have a thorough knowledge of the disease as well. It's clear that they receive ongoing education in this field as I learned many new things myself! ... I don't think that their respiratory program could be better than it already is.



Pat, retired nurse and VNA HealthCare respiratory patient

Readmission Avoidance Program: Diabetes Track



Clinical Lead: Comalita Elliott, RN, BSN, CDE, Diabetes Specialist

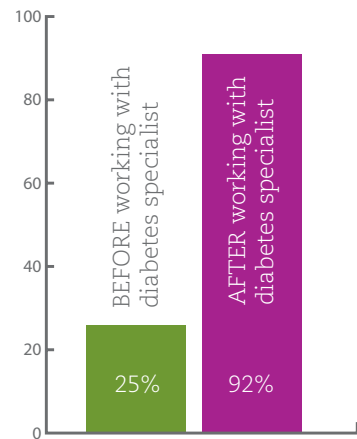
Program Overview:

Consultative services emphasize the role that nutrition, lifestyle adjustments, and medication management play in disease prevention and progression. The diabetes specialist evaluates and makes recommendations to physicians regarding the medication their patients need. The diabetes specialist's focus is to measure and administer patients' medications in a manner that facilitates independence and works within the patients' lifestyle.

The goal of the Diabetes Program is to Increase Compliance of Diabetic Patients By:

- Ensuring that patients are receiving appropriate medications; type, dose, frequency
- Ensuring that all patients have a glucometer
- Checking equipment patients use such as insulin pens, lancets, and monitors
- Adapting patients' diabetic management to their lifestyle
- Addressing poverty as a barrier to compliance

- 171 patients were visited by the diabetic specialist in 2010 and 26% had medication change orders that were implemented by the diabetic educator.
- Diabetic Meals on Wheels and diabetic Hispanic Meals on Wheels are available to patients.
- Home health telemonitoring is used to stabilize and avoid rehospitalizations for brittle diabetic patients.
- All clinical staff are educated and competency tested on diabetes care annually.
- Joint visits are done by the diabetic specialist with all nursing staff.
- Intra-agency diabetes teams conduct case conferences and share best practices.



Number of patients able to correctly answer four safety questions related to diabetes

Data from VNA HealthCare surveys and information



Over the years I have had the pleasure of collaborating with the VNA HealthCare staff, and Comalita Elliott, Diabetes Specialist, on my patients with very complex diabetes disease. During this time, I've seen my patients gain and maintain control of their diabetes. I attribute this to my collaboration with Comalita and the comprehensive diabetes program that she and her team have put in place. I felt that I was efficiently made aware of changes in my patients' condition and offered thoughtful recommendations as to interventions. This enabled us to act as a team to achieve positive results for my patients.



Henry Gift, MD, MPH, FACP
Retired Medical Director, Children's and Family Health Center
Saint Mary's Hospital, Waterbury, CT

Readmission Avoidance Program: Wound Care Track



Clinical Leads:

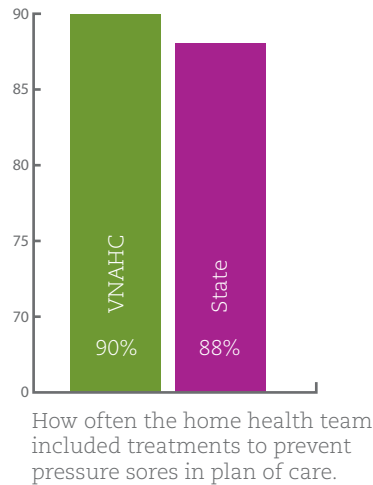
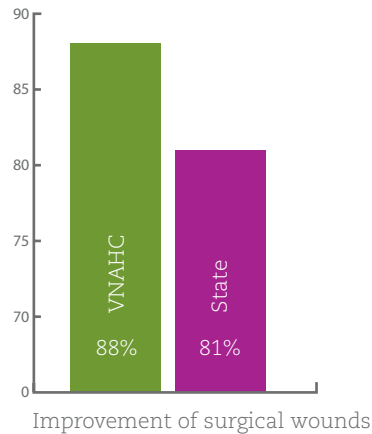
Jennifer Wolverton-Wade, RN, BSN, CWCN
Francine Knight, RN, MA, CWCN

Program Overview:


To provide individual consultation to home care patients with chronic, surgical or trauma wounds as well as ostomies of all types. The wound specialists use advanced wound care products to more effectively heal the wounds and work closely with wound centers and physicians to recommend and guide for better home care outcomes.

VNA HealthCare wound specialists:

- Provide expert level of Wound VAC therapy and other negative pressure devices.
- Offer joint visits with patients and physicians in MD office.
- Make weekly rounds with supervisor
- Offer continuous innovation and incorporation of leading edge treatments and products.
- Conduct routine joint visits with staff for teaching and consultation.
- Collaborate with nutritionist, diabetic specialist, and telemonitoring to construct a comprehensive plan of care for wound care patients.
- Provide annual competency training and education on wound care products and techniques for all staff.



Data from Medicare.gov Home Health Compare as of 12/2010

The physicians and nurses of the Hartford Hospital Center for Wound Healing and Hyperbaric Medicine are extremely satisfied with our relationship with VNA HealthCare. We utilize the services of VNA HealthCare nurses on a daily basis to provide dressing changes, compression wrap application, nutritional evaluation, and wound assessments for our patients. We communicate with the nurses frequently in order to maximize the care of our patients, many of whom are elderly and/or unable to perform their own wound care without assistance. In addition, the nurses often refer their own patients to us for wound treatments and hyperbaric medicine evaluation. Our patients are grateful for the compassionate and thorough care provided by VNA HealthCare, and we are, too. 

*Kelly Johnson-Arbor, M.D., FACEP
Medical Director, Center for Wound Healing and Hyperbaric Medicine
University of Connecticut/Hartford Hospital*



Hospice and Palliative Care

Clinical Lead: Tara Green, BSN, MSN, Hospice Director

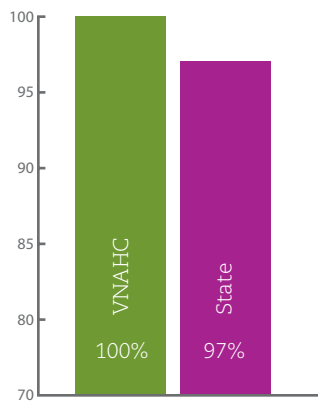


Program Overview:

VNA HealthCare Hospice care manages patients' symptoms so that their final days may be spent with dignity and comfort, surrounded by loved ones. Hospice treats the patient rather than the disease by focusing on quality of life rather than length of life.



The hospice team is comprised of: patient's physician, hospice medical director, hospice nurses, pain specialist, medical social worker, home care aides, physical, occupational and speech therapists, pharmacist, dietician, spiritual caregivers, support volunteers and bereavement caregivers.

- VNA HealthCare Hospice provided end-of-life care to more than 800 patients and their families in fiscal year 2010.
- Hospice care can be provided in patient's homes, assisted living, skilled nursing facilities, or hospital.
- Members of the VNA HealthCare hospice team lead an on-site palliative care program at Hartford Hospital.
- Pain specialist nurse ensures that patients receive appropriate and effective pain management through hands-on consultation and care to complex patient cases and by sharing the latest advances in pain management with hospice team members.





Percentage of families of former VNA HealthCare hospice patients who would recommend the agency's hospice program to others.

Data from National Hospice Patient/
Family Satisfaction Survey as of 12/2010

 VNA HealthCare
Hospice is ranked in
the 93rd percentile
in the nation
for providing
coordinated care. 



 As the Medical Director at VNA HealthCare and a practicing primary care provider, I really see how the extraordinary care provided by the dedicated team of homecare professionals combines to allow patients to receive the best care in the best environment — their own home. Whether recovering from an acute illness, dealing with a chronic condition or facing the difficulties of end-of-life care, the VNA HealthCare team addresses all the aspects that go towards the best care. For each of us, staying in our own home surrounded by family is often the key to comfort, and where that is possible, VNA HealthCare makes it happen in the best way. 

David Ross-Russell, MD

Rehabilitation Therapies



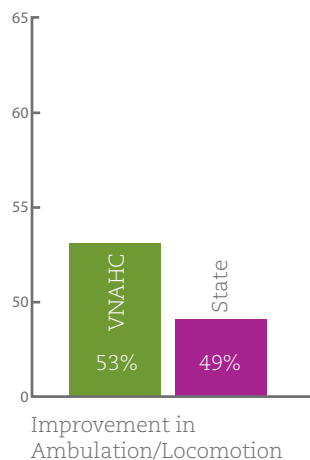
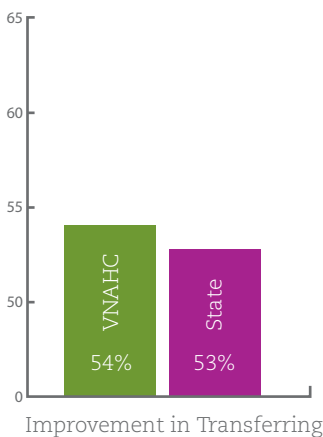
Clinical Lead: Keith LaChance, MSPT, GCS, Dir. of Rehabilitation Services

Program Overview:

As specialists in geriatric rehabilitation, the goal of VNA HealthCare in-home rehabilitation therapies is to help our patients achieve their maximum level of function and independence. Our physical, occupational and speech therapists are committed to helping our patients recover in the comfort and familiarity of their own homes by working closely with the patient's physician, visiting nurse, and other providers to ensure continuity of care.

Patients can benefit from in-home rehabilitation if they experience weakness; change in gait; falls; degenerative conditions such as muscular dystrophy, amyotrophic lateral sclerosis, or Parkinson's; difficulty performing daily living skills, swallowing, or communicating; musculoskeletal pain or pain on ambulation; or are recovering from fracture, joint replacement surgery, stroke or an extended hospital stay.

Physical Therapy:



Physical Therapy addresses:

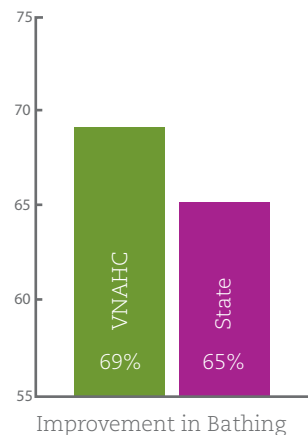
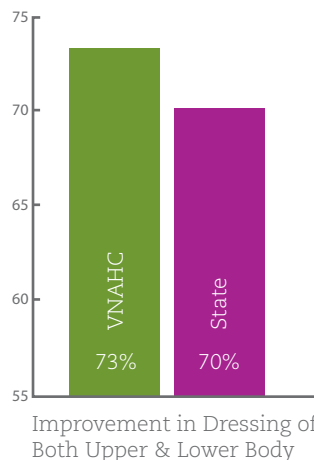
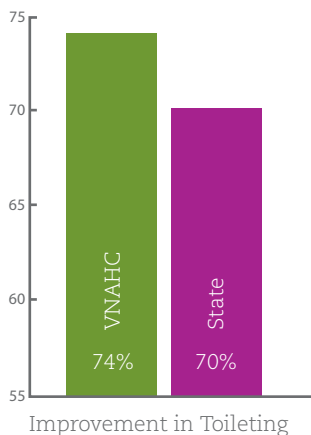
- Mobility loss or decreased range of motion
- Need for adaptive equipment or assistive devices
- Compromised cardiac or respiratory status
- Muscle weakness
- Difficulty managing mobility at home
- Fall risks

Occupational Therapy addresses:

- Sensory impairment
- Dependency in daily living skills or homemaking activities
- Muscle weakness
- Home safety evaluations

Speech Therapy addresses:

- Aphasia, dysarthrosis
- Laryngectomy (or surgery affecting voice or speech)
- Hearing loss
- Dysphagia



Data from OCS, 12/31/09



For patients being discharged from the hospital, VNA HealthCare provides the bridge to a smooth transition to the community. Their well qualified and professional therapists and nurses follow the plan of care and provide outstanding care and assistance to these patients. I am pleased with the outcomes and invaluable service provided to my patients and will continue to refer my patients to them.

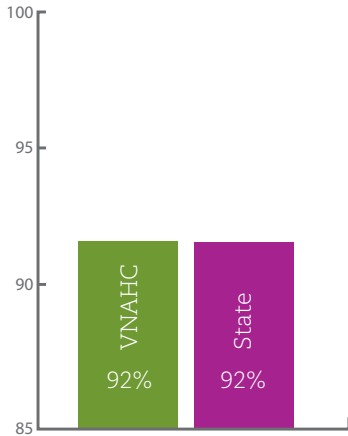
Subramani Seetharama, MD, MS - Director, Spinal Injury Program
Hospital for Special Care, New Britain, CT



Patient Satisfaction

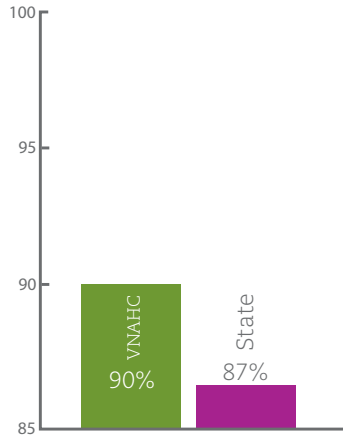
Last year, VNA HealthCare brought “the best care home” to more than 14,000 patients and families throughout Greater Hartford, Greater Waterbury, and Central Connecticut.

VNA HealthCare clinicians, specialists, therapists and paraprofessionals strive to exceed the expectations of each individual we serve.



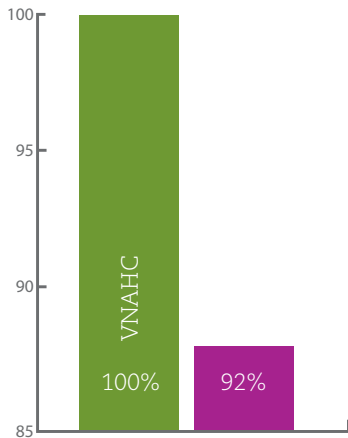
Percent of patients who are very/completely satisfied with their experience.

(Data from National Patient Satisfaction Benchmarking System, April 2010 - June 2010)



Overall rating of care

(Data from National Patient Satisfaction Benchmarking System, August 2010)



Percentage of clients who are very or completely satisfied with their private duty care

(Data from National Patient Satisfaction Benchmarking System, April 2010 - June 2010)



There are extremely talented and dedicated people working for VNA HealthCare, and I can truly say that I could never survive without you all!



Domenick, VNA HealthCare patient

Independent Living Services

Michelle Parlato, RN, BSN, Executive Director





Program Overview:

Independent Living Services from VNA HealthCare enable you or your loved one to live in a safe, healthy and independent life in the comfort of home. Whether it's the installation of a LifeLine Personal Emergency Response System, an Automated Medication Management System, an extra helping hand with housework or personal care, or live-in help 24-hours a day, VNA Healthcare's Independent Living Services are the solution. VNA HealthCare provides a full complement of services to help restore our patients to their fullest level of independence possible.

Our Independent Living Services programs enable individuals to live safe, healthy lives in the comfort of their own home. Last year, VNA HealthCare provided:

3,657	Private duty nursing hours
84,674	Homemaker hours
156,226	Personal care attendant hours
170,772	Meals on Wheels deliveries (including Kosher, Spanish, low-salt, diabetic and therapeutic meals)
13,766	Months of Emergency Response and Medication Management rentals

 I am very glad to have this opportunity to say thank you to your organization. Hospitals and doctors are wonderful, but when you come home it is the visiting nurses who make a difference in your life and in your healing. They all did a professional job, but more than anything, they encouraged me, and made everything seem possible. 

Lucille, VNA HealthCare patient

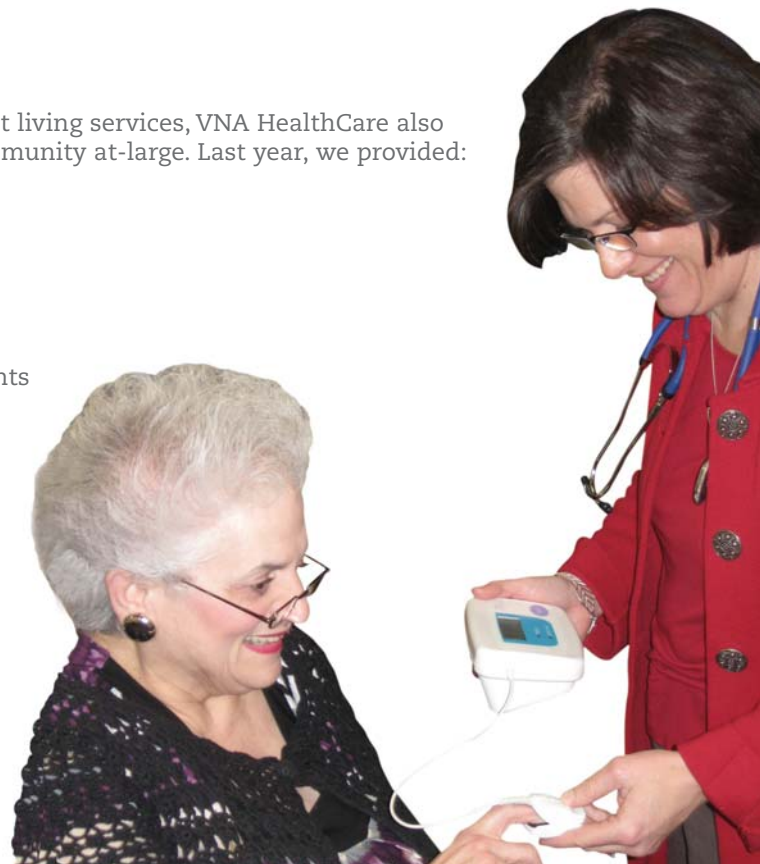


Community Involvement

In addition to our visiting nurse, hospice and independent living services, VNA HealthCare also provided a number of preventive care services to the community at-large. Last year, we provided:

16,725 Influenza and pneumonia shots

4,434 Blood pressure, cholesterol and glucose screenings to individuals at community events



Your patient can benefit from home care if they have one or more of the following:

- Needs assistance with ADL, has an elderly caregiver or no caregiver, or is unable to care for self.
- Needs assistance with new medical regime.
- Needs assistance and teaching for co-morbidities which impact patient's ability to carry out care plan.
- Has unstable medication conditions - CHF, hypertension, diabetes, weight loss/gain - and/or would benefit from telemedicine for daily vital signs monitoring.
- Has dressings, drains, an ostomy or a catheter, which requires follow-up care.
- Has change in ambulatory status or requires physical, occupational or speech therapy.
- Needs supplemental services such as homemaker, home-delivered meals, Lifeline Emergency Response System, etc.
- Has multiple ER or hospital admissions or history of falls.
- Has a life-threatening or terminal illness and needs pain management, symptom control or other home support.

1781 Highland Avenue
Cheshire, CT 06410
203-250-6793
203-250-6798 fax

100 Hazard Avenue
Enfield, CT 06082
1-800-466-3227

969 Hebron Avenue
Glastonbury, CT 06033
860-633-3521
860-633-5981 fax

103 Woodland Street
Hartford, CT 06105
860-249-4862
860-246-8734 fax

493 Heritage Road, Suite 2C
Southbury, CT 06488
203-267-3000
203-267-3001 fax

50 Brookside Road
Waterbury, CT 06708
203-573-1231
203-573-9897 fax

50 Church Street
Windsor Locks, CT 06096
860-623-2689
860-623-2795 fax

www.vnahealthcare.org

For referrals call:
1-800-VNA-1551 or
(203) 574-4004