

Town of Richmond

Request for Special Appropriations

Request for Fiscal Year: 2020

Organization's Name: Visiting Nurse Association of Chittenden and Grand Isle Counties

Address: 1110 Prim Road

City, State, Zip: Colchester, Vermont 05446

Website address: www.vnacares.org

A. GENERAL INFORMATION

1. Program Name: The VNA of Chittenden and Grand Isle Counties provides health and related services such as, home care nursing and physical therapy, hospice, adult day programs and family and children's services to Richmond residents in their homes and other community settings.

2. Contact Person/Title: Ayeshah Raftery, Director of Development

Telephone Number: (802) 860-4475

E-mail address: raftery@vnacares.org

3. Total number of individuals served in the last complete fiscal year by this program: 5,924 unduplicated patients from Chittenden and Grand Isle Counties

4. Total number of the above individuals who are Town residents: 125

Please attach any documentation that supports this number. (See attached FY18 Care Report detailing services provided to Richmond residents)

Percent of people served who are Town residents: 2.1%

5. Amount of Request: \$9,693

6. Total Program Budget Percent of total program budget you are requesting from the Town of Richmond: .03%

7. Please state or attach the mission of your agency: We help people live their fullest lives by providing innovative, high-value, and compassionate care wherever they call home.

8. Will the funding be used to?

Maintain an existing program

Expand an Existing Program

Start a new program

9. Has your organization received funds from the Town in the past for this or a similar program? Yes, the VNA receives funding from Richmond and the other 21 cities and towns we serve each year.

If yes, please answer the following:

a. Does the amount of your request represent an increase over your previous appropriation? If yes, explain the reason(s) for the increase. No.

b. Were any conditions or restrictions placed on the funds by the Selectboard? No. If yes, describe how those conditions or restrictions have been met.

B. PROGRAM OVERVIEW

1. Statement of Need: Identify the issue or need that the program will address (use statistical data to justify the need for the program). To what extent does this need or problem exist in the Town of Richmond? The VNA is a nonprofit home health and hospice agency caring for people of all ages: from critically ill children to vulnerable families to adults who need rehabilitation, care for chronic illness, adult day services, or end-of-life care. The VNA provides medically necessary home and community-based care to individuals and families regardless of their ability to pay. The VNA serves over 5,900 individuals and families throughout Chittenden and Grand Isle Counties every year. In our most recently completed fiscal year, the VNA cared for 125 Richmond residents. This care equated to 2,747 nursing, rehabilitation therapy and social work visits, as well as 62 hours of licensed nursing assistant, personal care attendant and waiver attendant care. Please refer to the attached FY18 Care Report for a detailed list of services provided.

2. Program Summary:

a. Identify the target/recipients of program services. Specify the number of Town residents your program will serve during the fiscal year and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence. The recipients of VNA services can range from a pregnant mother receiving prenatal care at home to an adult who need rehabilitative therapy following a surgery to an individual with a terminal illness who is able to die at home surrounded by family and friends with assistance of the VNA Hospice Team. Our programs serve people of all ages and there are no eligibility requirements with respect to age, race, gender, or socioeconomic status. We serve anyone who turns to us in need. Our service area includes residents of Chittenden and Grand Isle Counties.

The number of clients served in a particular town varies from year to year based on community need. Below is chart showing the number of Richmond residents served by the VNA in the past six years.

VNA Fiscal Year	# of Richmond Residents Served
2018	125
2017	109
2016	93
2015	96
2014	83
2013	94

b. Identify what is to be accomplished or what change will occur from participating in the program. How will people be better off as a result of participating in the program? Describe the steps you take to make the project known to the public, and make the program accessible and inclusive?

The VNA will improve the lives of Richmond residents by offering the following programs and services:

- Family and Children's Services: strengthening families and improving parents' capacity to nurture their children through pregnancy and early childhood years by providing nursing care and wrap-around social support

services in the home.

- In-Home nursing, physical, occupational, and speech therapy to help people regain their independence after illness.
- Private Care Services: offering support for everyday tasks to make living at home safe and comfortable.
- Long-Term, In-Home Care: including our Choices for Care Program which helps people live their best lives in the setting they prefer.
- Adult Day Programs: helping older adults keep connected in a safe, stimulating, home-like environment.
- Palliative Care, Hospice Care and the VNA Respite House: caring for people with serious illness and their families.
- Providing preventative care for long-term health.

The VNA has a longstanding reputation in the community. We have cared for generations of families and we often receive feedback from grateful patients and families who refer to their VNA caregivers by name. Many people find out about our services from people they know who have used them. We also receive home health referrals from primary care physicians and have very strong partnerships with other health and community service providers. In January 2018 the VNA affiliated with the UVM Health Network to improve access to care, enhance quality and control costs. Our public marketing includes television commercials and radio ads. The VNA also employs a multi-platform strategy to engage the public in traditional media as well as the digital world. Marketing to publicize our programs and services includes press releases, Facebook posts, e-newsletters, posts on our website, and a mailed newsletter and Annual Report. This year we added Twitter and Instagram.

Facebook: 1,160 followers

E-newsletter: 4,900 subscribers that opt-in

Website: 51,491 unique website visitors in the last year

VNA Cares newsletter: mailed to 4,678 homes

Our programs and services are accessible to people of all income levels because we do not turn anyone away based on inability to pay.

3. Program Funding:

a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.)The use of town funds is tied to community needs which dictate VNA services provided. Please refer to the attached FY18 Care Report for details on the services provided to Richmond residents last fiscal year and the cost of providing that care. Last year, there was a \$2.32 million gap between the actual cost of VNA services and what we were reimbursed by Medicare, Medicaid, private insurance, contracts and patient fees. Annual contributions from cities and towns, like Richmond, help cover a portion of the debt the VNA incurs. The total cost of services provided to Richmond residents last year was \$369,310, but we were only reimbursed \$350,950. Our funding request for the upcoming fiscal year helps offset the \$18,359 loss the VNA incurred through charitable care to Richmond residents.

b. List the other agencies to whom you are submitting a request for funds for this program and the amount requested. How would this program be modified should revenues be lost? The VNA is responsible for raising funds to cover the unreimbursed care provided to individuals who could not afford to pay the full fee or whose insurance does not reimburse us for the actual cost of care. Last year,

this gap was \$2.32 million. Contributions from the 22 cities and towns we serve are one way we make up this difference. We are also supported by the United Way of Northwest Vermont, individual donors, special events revenue, and grants from foundations and federal entities. The VNA would not be able to provide the high-valued services we do without the aid of community support and the dedication of over 600 volunteers each year.

C. ORGANIZATIONAL CAPACITY

1. Describe your agency's capability to provide the program including its history, previous experience providing this service, management structure and staff expertise. The VNA is a 112 year old nonprofit home health and hospice agency with a long history of providing at-home and community based health services throughout Chittenden and Grand Isle Counties. The VNA was founded by a small group of women in Burlington, Vermont who were concerned about the health of the young and vulnerable in the community. At the turn of the last century, Burlington was a bustling community, but one with high rates of infant mortality and a range of other health and social challenges. Our founder, Julia Smith Wheeler, and her friends took action by sending nurses to care for people in their homes and communities. The founders established a directive, "to serve all who turn to the VNA in their time of need," which still guides our work today. Since 1979, the VNA has been caring for residents in every city and town in Chittenden and Grand Isle Counties, including Richmond.

The management structure of the VNA consists of a voluntary Board of Directors who hire a President and CEO to oversee the operations of the organization. A Senior Management Team directs the major areas of operations including: Finance, Human Resources, Clinical Programs, Quality and Education, Community Relations and Program Development, and IT. Program Directors manage the day to day work of our 600 + employees. Our staff consists of many licensed professionals such as RNs, Physical, Occupational and Speech Therapists, Medical Social Workers and Licensed Nurses' Aides. Some of these professionals also have advanced degrees and certifications in the areas of Care Management, Wound and Ostomy Care, Hospice, and Chronic Disease Management, to name a few. The VNA also employs more than 200 people in entry level positions called Personal Care Attendants. These staff members successfully complete a one week intensive orientation before providing client care.

On January 1, 2018, the VNA joined the UVM Health Network to improve access to care, enhance quality and control costs. We aim to have an integrated team approach to patient care, which means greater coordination between the hospital, physicians and home health providers. We will continue to provide medically necessary services to all who need our care, regardless of ability to pay.

The VNA Board of Directors remains intact and continues to oversee VNA business and operations. No VNA program or service will be terminated based solely on the lack of profitability. The VNA remains a not-for-profit organization, responsible for our own balance sheet.

2. How will you assess whether/how program participants are better off? Describe how you will assess program outcomes. Your description should include: what (what kind of data), how (method/tool for collecting the data), from who (source of data) and when (timing of data collection). The VNA has a Quality Management Plan that is broad and comprehensive. The primary purpose of the plan is to support the VNA's mission of "helping people live their fullest lives by providing innovative, high-

value and compassionate care wherever they call home.” The plan is organized around three primary functions of quality management: quality planning, quality control, and quality improvement. This plan identifies the data we collect, the frequency and source for collection and to whom the data is reported. Please refer to attached VNA Quality Management Plan.

Quality planning is performed at several levels of the organization and by a variety of groups such as Quality Councils and a Board- driven Quality Assessment and Performance Improvement Committee (QAPI). Quality planning includes steps such as: examining existing data and trends, improving outcomes, reducing errors, etc. Examples of quality planning includes the OASIS Outcomes and Hospice Item Set that are measured and reviewed on a monthly, quarterly, and annual basis for Home Health Services and Hospice. We use these measures to monitor performance in real time and over time and benchmark against Vermont and national outcomes. Many of these outcomes are publicly reported and guide our focus on performance improvement initiatives.

The VNA also utilizes an external vendor, Strategic HealthCare Programs, for real time data analytics. This tool provides a drill down functionality to the clinician, team, and provider level.

Quality Control activities consist primarily of measurement and reporting. Examples of quality control activities monitored on a quarterly basis by the VNA are patient and client occurrences such as falls, medication errors, infections, and other events. All programs at the VNA utilize a tool or process to measure customer satisfaction and client complaints/concerns. We are required to submit much of this data to the state of Vermont as part of the Vermont Homecare Performance Markers.

Our QAPI program involves a number of approaches to achieve Quality Improvement such as improvement project teams, lean management, outcome based quality improvement, standardization, and staff education.

3. Summarize or attach program and or service assessments conducted in the past two years. In addition to the above quality management activities, the VNA is required to comply with Federal and State regulations for home care through the Medicare Conditions of Participation for Home Health and Hospice and State Designation Rules. We are assessed on a regular basis, usually unannounced, by the following agencies: Vermont Department of Disabilities, Aging, and Independent Living (DAIL); Division of Licensing and Protection; the Veterans Administration (for Adult Day Programs); Vermont Agency of Human Services; United Way of Northwest, VT; and through external auditing of VNA finances and accounting practices. In the past we have completed an unannounced Federal and/or State survey of our Home Health Services for Adults, Families and Children, Long Term Care, and our Hospice Program including Vermont Respite House. Any time a survey identifies opportunities for improvement, the VNA submits a corrective action plan which includes process and performance improvement steps.

4. Does your organization have a strategic plan and a strategic planning process in place? Yes. If yes, please attach your plan.

A copy of the VNA 2018-2020 Strategic Plan is attached.

The strategic plan should include a mission statement, goals, and action steps to achieve the goals, and measures that assess the accomplishments of the goals.

5. What is the authorized size of your board of directors? Agency bylaws state the VNA Board of Directors must have no fewer than 5 members and no more than 25. We currently have 18 members.
How many meetings were held by the board last year? 6

I, the undersigned, confirm the information contained herein is accurate and can be verified as such. I understand and agree that if the requested funds are approved, the disbursement of funds are subject to all conditions established by the Richmond Selectboard.

Signature of Applicant: 

Date: **9/12/18**

Ayesha Raftery, Director of Development
Print Name of Applicant and Title